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ABSTRACT

A community helper project involved 37 untrained volunteers in a one-to-one relationship with children manifesting behavioral and learning problems in school. Most volunteers were nominated by principals; all passed screening and all were women despite efforts for recruiting men. Seventy-four problem children, from grades 1 through 6, and not manifesting mental retardation or physical or sensory handicaps were identified. Mean age of experimentals was 9.2; controls were an average of 1 year older, but of similar class (low to upper middle) and intelligence (low to high average). Experimentals met for 22 interviews over 18 weeks with a helper: 13 controls received remedial tutoring or counseling; 24 controls received no special services. Ratings of behavior, personality, academic achievement, and intelligence indicated no significant differences between the groups. It was suggested that the treatment period be extended and need frequencies analyzed; also, it was recommended that selection procedures for subjects and volunteers be refined. Principals, teachers, and helpers all saw the program as effective. (Author/JD)

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FINAL REPORT
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A COMMUNITY HELPER PROGRAM FOR CHILDREN WITH BEHAVIORAL AND LEARNING DISORDERS

June, 1969

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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A Community Helper Program for Children with Behavioral and Learning Disorders

Donald C. Smith

The Ohio State University

Columbus, Ohio

June 30, 1969

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PREFACE

This report deals with an experimental type of intervention program in which community volunteers came to the public schools to serve in a helping relationship with children having behavioral and learning problems. Designated the Community Helper Program, it was initiated in the public schools of Franklin County, Columbus, Ohio, in 1964, and, subsequent to a grant from the U. S. Office of Education, formally evaluated during the 1966-67 academic year. The report which follows is a detailed account of this program, its rationale, procedures, and results.

The investigator owes a deep debt of gratitude to many people who contributed either directly or indirectly to the project:

--The project staff. To Dean Stoffer, who coordinated the project and contributed substantially to its evaluation. To the three graduate students at The Ohio State University who at different times served as research assistants, Damon Asbury, Ellen Hock, and Herbert Schenk, and to our hard-working secretarial staff, Carolyn Defibaugh, and Christine Hada.

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--The principals, teachers, and community volunteers in the seven school districts of Franklin County. Although they must remain unnamed, one should recognize that it was the cooperative efforts of these frontline workers which made the project possible. If the children, who are the primary object of our concern, actually became happier, better adjusted individuals, and if, ultimately, the program is perceived as successful, the credit should rest with these individuals.

Donald C. Smith
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CHAPTER I

INTRODUCTION

Surveys of school populations in the United States indicate that from 1/10 to 1/3 of the pupils have behavioral or learning difficulties related to emotional disturbance (Bower, 1960; Ullmann, 1952). Incidence data will vary from study to study depending upon what the criteria are for behavioral and learning disorders and the particular identification procedures used. However, there is abundant evidence that such children present a major challenge to educators across the country, and that schools must continue to explore methods of intervention which will provide better for their personal and social growth as well as academic training.*

In the past, most of the school intervention programs for disturbed or educationally disabled children have called for contributions from many professional specialists. For example, special class programs for children with behavioral disorders typically will utilize the services of a specially trained teacher, a psychiatric consultant, a social worker, and a psychologist (Morse, et al., 1969). Another type of school intervention, mental health consultation (Cutler, 1964, Kazanjian, 1962), requires the services of a highly sophisticated mental health professional. Individual or group counseling and the traditional programs in remedial reading or tutorial therapy also depend upon the availability of highly trained specialists. Studies of the manpower pool in the mental health professions (Albee, 1959) indicate a serious shortage of personnel, a shortage which is likely to continue because of population growth and other factors. Expanded service programs cannot conceivably be staffed according to present patterns. Services mean professional people but there are not enough of them to go around and there won't be in the foreseeable future. As M. Brewster Smith comments, "The lack of mental-health manpower is on the verge of becoming a national disaster" (Smith, 1968).

Unfortunately, even when professional services are available in the community, it is too frequently impossible to obtain immediate help for a child in trouble. For example, complaints of school personnel are frequently directed to the long waiting lists of community treatment agencies. Relief of a child's problem depends not only on the suitability of the service but the immediacy of its application. Just as physical illness grows worse without treatment, so does a child's emotional problem deepen the longer it goes without corrections. Children appear to be most susceptible to the influence and help of others at moments of crisis in their lives (Caplan, 1961). Immediate help is important in the resolution of crisis situations; if therapeutic interventions could be provided children at these times the incidence of subsequent mental disorder might be significantly reduced (Parad, 1965).

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* Awareness of the need for school-centered services is clearly reflected in the reports of the Joint Commission on Mental Illness and Health (1961); other groups of educators have also recognized the school's responsibility for aid to disturbed children (California State Department of Education, 1958, 1961; Ohio Department of Education, 1964).

Another problem with school intervention programs which rely exclusively upon the services of mental health specialists is the extreme cost of their operation. Few schools can afford to fund the conventional special educational programs for the emotionally disturbed or educationally handicapped, much less the well-conceived but expensive mental health programs established on an experimental basis in various parts of the country (Hobbs, 1966; Cutler and McNeil, 1964).

In summary, we need services for disturbed children which no longer rely exclusively upon the use of highly trained professionals, which are immediately available to the child, and which are within the financial means of the average school district. The current trend is toward the cultivation of programs employing new types of personnel (Hobbs, 1966). One radical departure in the staffing patterns of community mental health programs in recent years is the employment of nonprofessional personnel. Among projects established at the community level are programs utilizing child development or mental health counselors (Rioch, Elkes & Flint, 1962; Rioch, 1964), lay therapists (Carkhuff & Turax, 1965), indigenous nonprofessionals (Reiff & Riessman, 1964), human service aides (MacLennan, 1966), and companion therapists (Holzberg, 1962; Goodman, 1966). The distinctive aspects of these programs are the very careful selection procedures and the fairly intensive efforts at training of the subprofessional staffs.

Use of auxiliary personnel in the public schools is not a new development. Nonprofessionals have been employed for many years as lay readers, librarians, lunch-room aides, as room mothers and in many other capacities. During the 1965-66 school year, for example, 217 school systems reported the employment of 44,351 teacher aides (National Educational Association, 1967a, 1967b). About three-fourths of the school systems employing auxilary school personnel in the general education program paid for their services. The same situation holds, in most cases, where nonprofessionals assume other mental health roles in the schools. Support personnel are used in various areas of guidance and counseling (American Personnel and Guidance Association, 1967; Fisher, 1968; Goldman, 1968); tutorial-counselor aides have been recruited into corrective reading programs (Chaplan, Price, Zuckerman and Ek, 1966; Cunningham, 1967; Janowitz, 1965); and several kinds of teacher-aide programs have been instituted in special education (Cruickshank and Haring, 1957; Blessing, 1967; Zax, M. et al., 1966). In all cases, the teacher aides were selected on the basis of careful criteria, provided a fairly intensive course of training and continued supervision, and were paid for their services.

In view of the problems most schools experience in budgeting for mental health services, whether professional or nonprofessional, and the acute shortage of training and supervisory personnel, it would seem desirable to explore the effectiveness of new kinds of intervention programs which utilize unpaid, and essentially untrained and unsupervised nonprofessionals.

One unique effort at developing a volunteer program of this kind for troubled children is the Elmont, New York Project for Emotionally Disturbed Children, described by Donahue (1963) and Donahue & Nichtern (1965). The Elmont Project was initiated to care for those children in the school district who, because of behavioral deviations, could not be maintained in the regular classroom. School personnel were convinced that the answer to accomplishing anything educationally with these children lay in a one-to-one teaching relationship with them. Since professionally trained personnel were out of the question insofar as both availability and cost were concerned, it was decided to enlist the help of community mothers on a volunteer basis. The volunteers were selected on the basis of the following criteria: (a) a warm and accepting personality, (b) reasonably good health, and (c) an experience of having successfully raised a family of her own. Through personal contact, a number of mothers (called "teacher-moms") were invited to contribute two mornings each week with a child under the supervision of a member of the professional staff. When they were interviewed by the administrator and psychological staff, every effort was made to discourage volunteers by painting a dark picture of what they were getting into.

Two mothers were assigned to each child (originally 12 were assigned to six severely disturbed children). Teams were briefed by the professional staff concerning the child with whom they would be working. They were also given educational materials and an introduction to the methodology of teaching. An elementary school teacher was assigned to assist each team. The administrator, the psychologists, the head school physician, and the psychiatric consultant also worked closely with the "teacher-moms."

Following the classroom opening exercises, the teacher-mom took the child to the assigned room to begin work. Often she began with reading, usually employing the reading series and supplementary materials available to the professional teachers of the district. From reading she moved to other subject areas such as arithmetic, spelling, language skills, social studies, and science. Other activities included games, talking, walking, or listening to records. Midway through the morning, all the children as a group sat down for a snack. The teacher-mom then returned to a separate room to continue working with her child.

Donahue and Nichtern concluded that the most important contribution of the teacher-moms was affection and understanding. She was allowed to use her own judgment and imagination and the result was the utilization of some unorthodox but effective teaching methods and materials. The experimenters were highly optimistic about the outcome of the program. In addition, comparison of before and after projective test data suggested positive personality changes. At last report, a total of 31 children had been included in the project. Of these, 21 were successfully returned to regular classrooms, one was hospitalized, and one moved out of the district. The others remained in the program.

Not all professionals are as optimistic as Donahue and Nichtern about the use of relatively untrained nonprofessionals with emotionally disturbed children. Fenichel (1966), in a critique of the Elmont project, argues that persons who work with these children need professional concern, professional interest, professional preparation, professional involvement, professional dedication, and professional skills. They must understand children, be familiar with various teaching approaches, have remedial skills, and be able to plan and organize activities. In keeping with most teacher-aide programs, Fenichel believes that volunteers can contribute by working under constant and ever-present direction and supervision of a professional teacher who is ready at all times to move in and take over if necessary. While greatest disagreement was with the apparent professional decisions made by teacher aides, Fenichel also criticized the program for its lack of a training program, its lack of contact with parents of the troubled child, and its broad conclusion that all of these children need a one-to-one relationship in contradistinction to a special class.

Development of the Community Helper Program

The remainder of this report describes a demonstration project in which community volunteers came to the public schools in Franklin County, Ohio, to serve in a helping relationship with children having particular kinds of behavioral and learning problems. This project, formally designated the Community Helper Program, represents an effort to develop a new source of manpower for helping disturbed children, a source of help which is readily accessible, inexpensive, which depends upon a minimum of professional staff, and which could be adapted for any school system which has a person qualified to coordinate and supervise the program.

Although knowledge of the Elmont Project suggested the Community Helper Program, it was in no sense a replication of that project. Two significant features of the Elmont Project were utilized: (a) the one-to-one helper-child relationship on a schedule of two one-hour sessions per week in the school building; and (b) emphasis on a success experience. The children assigned to Community Helpers were less seriously disturbed than those served by the Elmont Project, and less time and effort were given to the training and supervision of the volunteers.

Fundamental to the project was the assumption that the quality of interpersonal relations between parent (or parent surrogate) and child has a significant impact on the behavior and learning of the child. It was theorized that the experience of a relationship with a warm, accepting and stable adult would contribute to the child's sense of self-worth and inner security, and in turn, reduce his behavioral symptoms and increase his academic accomplishment.*

Some adults seem to know, without knowing how they know, the way to generate the trust and friendship of children (Hobbs, 1966). Research on the process of psychotherapy suggests that this ability is prior to technique, theory or technical knowledge and that no amount of formal training will foster it (Fiedler, 1950, 1951). All schools of psychotherapy attribute their success primarily to the therapist's ability to develop an accepting, trusting relationship with the child. The project was based, then, on the assumption that some adults, without professional training, would be able to establish the essential elements of the helping relationship and bring about positive changes in the behavior of elementary school children with a minimum of professional supervision.

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*Research evidence (Fiedler, 1950, 1951; Truax & Carkhoff, 1967) suggests that the following elements are crucial in any type of helping relationship:

> (1) the capacity of the helping person to show interest and warmth without becoming over-involved; (2) the ability of the helping person to understand the feelings of the client; (3) the client's conviction that he has the respect of the helping person; (4) a trusting, confidential relationship; and (5) genuineness on the part of the helping person.

Several research studies have explored the impact of interpersonal relations on learning and behavior of children within the context of the public schools. Christensen (1960) reported a significant relationship between the teacher's warmth and the student's level of achievement on measures of vocabulary and arithmetic. Hawkes and Egbert (1954) found empathy to be a significant factor in students' ratings of teacher competence. Diskin (1956) also found that student-teachers who were high in individual empathy were best able to maintain harmonious interpersonal relations in the classroom.

Working at the preschool level, Truax and Tatum (1966) attempted to relate the level of empathy, warmth, and genuineness communicated to the child by his teachers to his preschool performance and social adjustment. Using ratings of time samples and relationship inventories as measures of these ingredients, the findings indicated that the degree of warmth and the degree of empathy was significantly related to positive changes in the child's preschool performance and social adjustment. No relationship was found with teacher genuineness.

Using recordings of classroom interactions, Aspy (1965) measured the levels of nonpossessive warmth, accurate empathy, and genuineness offered by the teacher in the classroom. Eight teachers and 120 third-grade students participated in the study. The findings indicated that students receiving relatively high levels of accurate empathy, nonpossessive warmth and genuineness from their teacher in third-grade reading classes showed significantly greater gains in reading achievement than students receiving relatively lower levels of these therapeutic conditions. In a follow-up study, Aspy and Hadlock (1966) confirmed and extended previous findings with children in grades three through five. Students taught by teachers high in accurate empathy, nonpossessive warmth, and genuineness showed a reading achievement gain of 2.5 years during a five-month period while pupils taught by low conditions teachers gained only 0.7 years. The truancy rate in classes with low conditions was twice that occurring in high conditions' classrooms.

The purpose of the program was not to effect a cure or total rehabilitation of the child. Rather, the objective was to offer a success experience and a type of supportive relationship which would increase the child's social competency and help him function more efficiently in the classroom. Bower's analogy (1966) is relevant, "When a (football) team finds running up the middle blocked, it may find greater success passing or running around the end. If successful in one of these maneuvers, it may later find running up the middle much easier."

In order to achieve these goals, community volunteers were recruited to work in the school setting in a one-to-one relationship with children who manifested behavioral problems and underachievement in school, and where help from other school and community agencies were unavailable or inadequate. Reliable members of the school community (e.g. school staff, religious and civic leaders) were consulted in an effort to identify and recruit individuals (both men and women) who (a) had successfully reared or were in the process of rearing emotionally healthy families, (b) were warm, accepting and nurturant personalities, and (c) were in good health and able to come to school to see a child twice a week.

The volunteer and the child met in a room separate from the classroom periodically during the school year. Activities and procedures differed according to the needs and interests of both the helper and the child. The helper was expected to take the initiative, although a Project Supervisor was available for consultation and provision of educational materials. The essence of the program was the undivided attention given the child by a warm and accepting adult as he was involved in some sort of learning task. The Community Helper was not obligated to cope with the specific learning problems which confronted the child; the only expectation was that she build a meaningful interpersonal relationship (The program is described in detail in Chapter II).

Preliminary Experience with the Community Helper Program

The Community Helper Program began on a pilot basis in the Franklin County Public School, Columbus, Ohio, during the 1964-65 school year under a part-time coordinator.* This trial, which included the assignment of 14 children to community helpers, afforded experience with every aspect of the project except follow-up and evaluation. Every principal, teacher and parent involved in the program readily gave their consent for its operation, most of them expressing enthusiasm for its potential value. Of 22 women recommended as community helpers, 21 expressed more than casual interest, and 16 of these agreed to participate. The others had commitments (usually pre-school children in the home) which prevented their participation. The question of remuneration never arose, although helpers had to provide their own transportation to and from the school. On the basis of informal observations by teachers and the coordinator, children appeared to respond positively to the program. Behavioral changes were noted in relation to learning, mood, and peer relationships, although change did not occur in the same areas for all children.

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* Miss Marion Merchant, a school psychologist, was instrumental in getting the project underway and served as its initial coordinator. Unfortunately, she moved to a position in another setting before the current program began.

During the 1965-66 school year, a coordinator was assigned to the program on a full-time basis. Five cases were continued from the preceding year and 43 new cases were added to the program. The plan of operation remained essentially the same. Community helpers were secured on the recommendation of a reliable person in the community (usually the school principal or school secretary).

No problems were experienced in securing volunteers, although it was observed that they were most easily recruited from middle class backgrounds, perhaps because these women were less likely to be employed and had more leisure time. In none of the nine school districts in the county system was the number of available volunteers exhausted.

The response of school personnel to the program was that of general acceptance, without a great deal of enthusiasm. However, no negative reactions were brought to the coordinator's attention, and by and large, the school staff appeared to be supporting. Perhaps the best indication of the attitude of the helpers was the number who spontaneously asked to continue with the program for the coming year; 15 of 18 volunteers queried about their interest in continuing replied with an unqualified "yes".

Evaluation instruments during this pilot phase of the project included: (a) a comprehensive behavior checklist completed by teachers; (b) a school attitude inventory completed by the child; and (c) individually administered school achievement tests. Information from these instruments were obtained before and after assignments of children to the program. The average time between pre- and post-testing was 13 weeks. The most notable improvement by children in the program was in the reduction of behavior problems. A slight but positive gain was evident on the school attitude inventory, and the rate of learning arithmetic skills increased considerably during the course of the project. These preliminary findings suggested that the program was sufficiently effective to warrant the more systematic evaluation which was permitted through a grant from the U.S. Office of Education.

Limitations

The intent was to develop a service program which was inexpensive to operate and which required a minimum of time and effort on the part of the administrative and special service staff of the schools. An intensive training program for volunteers was purposefully avoided. Hence, whatever success the program enjoys will depend upon our initial success in recruiting volunteers who have the personality requisites for establishing an effective relationship with disturbed children. No data will be collected on the merits of training versus no training.

In a project of this scope, uncontrolled factors have a way of introducing themselves at inopportune times and, as a result, it is difficult to obtain hard and conclusive evaluative data. At best, it was anticipated that the evaluation would suggest how procedures needed to be revised to bring about more effective results (e.g., more discriminating methods of selection of volunteers and children for the program) and generate some productive hypotheses for further study in the area.

It was also recognized that this is only one of an infinite number of variations on volunteer programs in the schools. During the two years the project was in operation and being evaluated, there was a tremendous expansion of such programs throughout the nation, and legislation was passed in many states defining the status of volunteer and teacher-aides. This study, then, is but a small contribution to the vast and growing literature on the use of auxiliary personnel in the public schools.

Major Questions

The major concern of the project was to ascertain whether a group of unpaid, essentially untrained volunteers, selected on the basis of the criteria set forth above, would have a therapeutic impact upon a group of children with behavioral and learning problems. Are substantial gains manifested by these children after a period of relationship with the volunteers--in terms of reduction in behavioral problems, increase in motivation toward achievement and affiliation with others, and increase in academic achievement and mental efficiency? How do their gains compare with those of another group of children with similar problems who are offered no treatment or other kinds of treatment?

A specific behavioral change technique may be effective for some individuals and not for others. Is it possible that the experience of a warm, nurturant relationship with a surrogate parent will have a significant impact on the child who is withdrawn, immature or regressed, but little or no effect on the youngster whose problem is manifested in aggressive and destructive behavior? In other words, is success in the program related to the child's particular type of behavioral problem? Also, is there a relationship between the age and socioeconomic status of the child and success within this type of program?

The personal characteristics of the volunteers themselves represent another important area for investigation. What motivates an individual to volunteer for a program such as this? Are there common personality needs or styles among such volunteers? What kinds of therapeutic conditions are they actually able to provide for children? Are they capable of establishing an effective therapeutic relationship? Is there a relationship between the age and socioeconomic status of the volunteers and constructive change in the children assigned to them?

Taking into account all of the variables mentioned above (factors associated both with the children and the volunteers), it is of interest to explore the relative contribution of each to successful outcome for the child in the program. What factors are the best predictors of successful outcome? What combinations of volunteer and subject (child) variables are most important to consider in developing the program?

Finally, in the total evaluation of an action program of this type, there are important questions to consider in terms of its administration and acceptance within the school community. How do the volunteers and the participating school teachers and administrators feel about continued participation in the program? What special problems were encountered while it was in operation? What are the perceived reasons for success or failure of the program? What suggestions are offered for its improvement? Specifically, what are the recommendations of participants in regard to their respective roles in selection of children for the program, selection of volunteers, responsibility for supervisory consultation with volunteers and responsibility for total evaluation of the program's effectiveness?

CHAPTER II

PROCEDURES

The School and Community Setting

The Community Helper project was conducted in the Franklin County Public Schools, Columbus, Ohio, during the 1966-67 academic year. The school system is representative of other county or intermediate administrative units in Ohio and other states. The system is composed of nine school districts and 44 schools located in both rural and small urban areas in proximity to the outer perimeter of Columbus, Ohio, a city of 540,000 population. Of the 44 schools, 27 were elementary, 8 were junior high, and 9 were high schools. During the 1966-67 school year, the enrollment was 27,000.

The Franklin County Board of Education provides a number of advisory and consulting services to its nine school districts. At the time of the demonstration project, there were five administrative officers, including the Superintendent of Schools, his Administrative Assistant, a Coordinator of Instruction, a Coordinator of Pupil Personnel Services and a Coordinator of Special Services. Within the Pupil Personnel area, there were four full-time School Psychologists,* two intern School Psychologists, and one Attendance Officer. Also on the central office staff were five Curriculum Consultants.

Operation of the Community Helper Program

The section which follows describes in detail how the Community Helper Program operated in the Franklin County Schools during the 1966-67 academic year.

Organization and Administration of the Program

The person responsible for the coordination of the program was a school psychologist whose public school experience totalled eight years ---four as a school psychologist, two as a counselor and two as a mathematics teacher. At the time the program was underway, he had completed all requirements for the Ph.D. in Education (Major: Exceptional Children) except the dissertation.

The Program Coordinator was responsible for interpreting the program to the school and community. His primary duties were recruitment, orientation and supervision of the community helpers, obtaining parental permission, and supervising the procedures for evaluation of the program.

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*One school psychologist worked full-time as Coordinator of the Community Helper Program.

Procedures for the Screening and Selection of Community Helpers

One of the most critical tasks was the recruitment of volunteers. In doing so, the Coordinator initially consulted building principals, teachers, and religious leaders in the community in an effort to identify and recruit individuals (both men and women) who (a) had successfully reared or were in the process of rearing emotionally healthy families, (b) were warm accepting and nurturant personalities, and (c) were in good health and able to come to school to see a child twice weekly. The Coordinator interviewed all prospective volunteers in order to establish a pool of stand-by volunteers who could later be assigned to children.

Thirty-seven helpers eventually participated in the program. Twenty-five of these were first contacted by the school principals and then referred to the Program Coordinator. Six were referred to the Coordinator by helpers already participating in the program. Four volunteered following an address by the Coordinator at a Methodist Ladies' Club, and a teacher recommended two volunteers who were parents of children in her own classroom.

Admission of volunteers to the program was a joint decision of the Coordinator and the principal. Most principals preferred to know the helpers personally and be involved in the final decision about acceptance, but they also preferred that the Coordinator follow through with orientation of the helper and the final arrangements. Three of the prospective helpers were rejected by three different principals because they were regarded as "too bossy", "too nosy", and "too nervous".

Initially, it was hoped that an "approved list" of helpers could be set up in advance so that a child in need of help could be assigned immediately. This proved impractical except in those buildings where the principal already understood and was highly acceptant of the program.* In most cases, principals preferred to have the child identified before locating parents for volunteer work.

Availability of volunteers varied between districts and between schools within a single district. In only one district was recruitment relatively easy. Residents of this district could be described as achievement-oriented, and middle-class. Many of the husbands were professionals and education was highly valued. Local Parent-Teacher Associations were quite active and volunteer helpers readily available for other school purposes. In another district, progress was hindered because of the difficulty in finding volunteers. This district was closer to metropolitan Columbus and the socioeconomic level was relatively low. Principals knew fewer adults who they considered equal to the task. In addition, more mothers were working during the day. In these schools, the principals found it difficult to recruit volunteers for room mothers and library helpers as well.

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*In a continuing program, this procedure might be more feasible and, if so, would facilitate early assignment of a child.

In an effort by the Coordinator to recruit male helpers, several senior citizen organizations were contacted. After talking with directors of these groups, it appeared that the use of senior citizens would greatly increase the amount of supervisory time on the part of the Coordinator. A local branch of the Lion's Club and a Catholic men's club were also contacted. Neither were able to find anyone with free time during the school day. The local chapter of Big Brothers was also unable to find an adult male who could visit a school twice each week.*

The Coordinator interviewed each potential helper before assigning her to a child. If the principal had already explained the program, the Coordinator simply attempted to answer any further questions. While it was not standardized, the explanation of the goals of the program were given in the same general terms:

> "Our program is an effort to help children who are having trouble in school. We are looking for volunteers to work with children who are experiencing behavior difficulties such as extreme shyness, sadness, over-aggressiveness, or withdrawal. Many of those who will receive help have had many failure experiences and appear to lack motivation. Working with these children is both a challenge and an opportunity for service.
>
> We don't expect our helpers to be trained as counselors or teachers. Rather, we have reason to believe that interested adults can help these children through the establishment of a warm and understanding relationship. We want people who enjoy being with a child. Your job will be to establish a good relationship with the child. If we also achieve academic gains, this is fine, but academic concerns should not be allowed to interfere with the relationship.
>
> Choice of activities will be left pretty much up to you. You will probably want to work that out with the child. Playing games, reading for pleasure, or just talking are examples of what you might do. I have some supplies which you are welcome to use and I will try to provide or help secure any materials you would like.
>
> Should you decide to work in the program, we would like for you to meet with your child twice each week. (The length

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*One father volunteered for the program but later declined when he was elected president of an archery club!

of each interview will be left to you. Anything from 30 minutes to one hour would be fine.) After 25 interviews, we will reevaluate the child and decide whether or not to continue.

Since this is an experimental project, I will be asking you to do some things which should help us evaluate and improve the program. First, I will have you complete a personal data sheet (See Appendix A). We want to know some of the characteristics of people who volunteer for this kind of service. I would also like to audiotape the 3rd, 4th, 23rd, and 24th interviews for later analysis. It may give us some clues how the child is responding to the relationship. In addition, I would like for you to keep a brief daily log (See Appendix A) so that I will have a record of activities, the material used, and notes on your observations of the child.

If you decide to participate in the program, I will meet with you after the fourth interview and approximately every other week throughout the program. You may call my office any other time you want to talk with me."

The Coordinator attempted to make the prospective helper feel welcome but not obligated. Unless the volunteer was absolutely certain she wanted to participate, she was asked to think it over and then contacted later for her decision.

Many volunteers proclaimed that they did not feel qualified for such a task. The Coordinator assured them that none of the helpers had professional training and that it was not considered crucial for establishing a good relationship with the children. Two prospective aides declined after the first meeting with the Coordinator. One stated she did not have the time to commit and the other felt she was too nervous to work with the children.

Descriptive Data on Community Helpers

During the initial interviews with the Coordinator, each of the 37 women who eventually served as Community Helpers was asked to complete a personal data sheet (Appendix A). This information is summarized below.

Age and Socioeconomic Status. Statistical data on the age and socioeconomic status of the helpers are presented in Table 1. The 37 helpers ranged in age from 25 to 60; however, most were in their 30's or 40's.

Socioeconomic status ratings were based on the occupations of the husbands of the volunteers. In general, the group can be characterized as Upper Middle Class. Fourteen of the spouses were professionals: Engineers (9); Public School Teachers (2); Physicist: Public Accountant;

Minister. Nine held supervisory or office management positions. There was one U.S.A.F. pilot, three noncommissioned officers, four white-collar workers, three in skilled trades, and two manual workers. One husband was deceased.

Table 1

AGE AND SOCIOECONOMIC STATUS OF COMMUNITY HELPERS (N-37)

	Mean	S.D.	Range
Age	37.7	7.6	25 - 60
Socioeconomic status[a]	73.0	7.3	55 - 80

[a] Scores based on the North-Hatt Scale for rating occupations of parents (North & Hatt, 1947)

Marital Status, Number and Age of Own Children. The helpers were all married women who had reared or were in the process of rearing their own children. At the time of the project, one was widowed. The mean number of children in each home was 2.7, with a range from 1 to 5. The mean age of their children was 10.5 with a range from 2 to 39.

Educational Background. All but one of the helpers had graduated from high school and the average level of educational attainment was 13.3 years. Five were college graduates; three held Bachelor's degrees in elementary education, home economics and nursing. One attended college and was working toward certification as a teacher while participating in the program. Nineteen of the helpers had completed from one to three years of college. Of these, three reported having entered training in nursing, three, business college, one, art school, and one, in medical technology. Twelve had completed senior high school and the remaining person had graduated from junior high school.

Previous Work Experience. None of the helpers were working full-time at the start of the program. However, most had been previously employed and several were considering returning to work at a later date. Twenty-two reported previous employment in general office work: secretarial (11); clerical (5); bookkeeping (5); office management (1). Three had been nurses. Only one had ever been a teacher in the public schools. Other employment mentioned included real estate sales, general sales, medical technology, commercial art, cafeteria work (2), and baby sitting (2). Only two helpers reported no previous work experience.

Eight helpers had not worked since their marriage; fourteen resigned with the arrival of their first child. Six had worked off and on throughout their marriage. Nine reported they were now working part-time. Part-time employment included baby sitting (2), nursing (2), substitute teaching, washing dishes in the school cafeteria, selling Avon products, substitute secretarial help in the schools, and selling Fuller Brush products.

Membership in Clubs and Organizations. Helpers were active in a variety of organizations. All helpers with children of school age belonged to local PTA's and most were holding or had held an executive position in it. At the time of the program 30 were members of PTA. Twenty-six were active in church organizations, often as teachers in the elementary classes. Eight were members of various Service Clubs such as the Child Conservation League (6), Eastern Star and Goodwill Industries. Ten participated in political or civic associations such as Republican's Women's Club (6), Civic Association (2), Welcome Wagon (2), and Library Association (1). Other organizations included: Bridge Club (3); Garden Club (3); Bowling League; TOPS (Take off pounds safely) (2); American Lebanese Club; Officer's Wives Club; Craft Club. Only one reported she was not a member of any club or organization.

Hobbies and Activities. Helpers also pursued many hobbies and outside interests. Twenty reported sports as a hobby: bowling (5); bridge (5); golf (2); swimming; skiing; hunting and fishing; and unspecified (5). Twenty mentioned various homemaking hobbies such as sewing, knitting, and crocheting (16); cooking; gardening; housekeeping; "raising 3 kids." Fifteen mentioned arts and handicrafts, antiquing, leatherwork, dancing (2), ceramics (3), flower arrangement (3), and painting (5). Six mentioned music as a hobby--four were pianists, and two enjoyed singing. Reading was mentioned by eight, church work by three, Scouts and 4-H Club activities by four and travel by two.

To give an idea of the diversity of hobbies and interests, eight helpers reported having four or more hobbies, and 22 helpers two or more. Fourteen indicated having just one hobby. Only one helper failed to mention outside interests or hobbies.

Motivation for Becoming Community Helpers. The initial questionnaire also asked helpers to indicate why they had volunteered for the program. The reasons expressed were, for the most part, altruistic in nature. Twenty-nine said they were interested in working with and helping children. The reasons of nine helpers seemed to be more indicative of the desire to avoid boredom and introduce some meaningful experience into their lives (e.g. "Time weighs heavy on my hands".) Six helpers mentioned they had always wanted to become teachers since having enrolled in education courses in college (this group one might label "frustrated teachers"). Seven expressed the desire to understand their own children better and thought the experience of working with someone else's child might help. Three said that their own children had received professional help for psychological problems. The motivations of the helpers (expressed and unexpressed) are discussed in more detail in a later chapter.

Procedures for Screening and Assignment of Children to the Program

Any child in grades one through six referred to the school psychologists because of a behavioral or learning problem was tentatively eligible for the program. The criteria used by the psychologists for the initial screening of children are presented in Table 2.

Table 2

INITIAL SCREENING CRITERIA FOR ASSIGNMENT OF CHILDREN TO THE COMMUNITY HELPER PROGRAM

1. Evidence of behavioral problem-manifestation of behavioral disturbance in school (interpersonal difficulties, lack of self-confidence, withdrawal, defiance of authority, aggressiveness, acting-out, etc.)
2. Educational disability (one of the following):
    a. One grade year or more retardation in grade placement in comparison with educational age (Mental Age).
    b. Grade 3 and over

       One grade year or more retardation in achievement on a standardized achievement test (reading and/or arithmetic) in comparison with educational age (Mental Age).

       Grade 2 and below

       Six months or more retardation in achievement on a standardized achievement test (reading and/or arithmetic) in comparison with educational age (Mental Age)
3. Evidence child was not mentally retarded (Measured intelligence above 80 I.Q.)
4. No evidence of physical and/or sensory handicaps.

In order to establish a pool of cases ready for assignment, the reports on children seen by psychologists during the 1965-66 school year were screened during the summer preceding the project. In September and October of the project year, follow-up letters were sent to the teachers of children who had previously been recommended for the program to see if their problems persisted, and the Coordinator met weekly with the psychology staff to discuss new cases referred by teachers and principals. The total number of cases identified by this survey process was 84. Children were then selected on a random basis from the total pool and assigned to a Community Helper when one became available. At the same time the Experimental case was assigned, a Control case was selected at random. When a child was known to be receiving other treatment, he was assigned to the Control Group. The Control cases met all the qualifying criteria for assignment to the Community Helper project, except that in some cases other treatment service was available to them. A summary of the supplementary services received by both groups is presented in Chapter III. Services included remedial reading, speech therapy or private psychological or psychiatric consultation.

After the initial assignment of 42 subjects to the Experimental Group, five failed to continue in the program. One Community Helper became ill before her first appointment with the child; three experimental subjects moved out of the school district; one helper saw a child only seven times due to illness in her family and the case was not included in the experimental group. As a result, the final sample of Experimental and Control subjects included 74 subjects with 37 in each group.

It should be pointed out that assignment of children to Community Helpers and the contingent pairing with a Control subject occurred over a period of five months. The first case was assigned October 4, 1966, and the last on March 3, 1967. Of the final 37 cases in the program, 7 were assigned in October, 4 in November, 3 in December, 15 in January, 7 in February, and 2 in March.

When a child met the qualifying criteria and became an Experimental case, one of the school psychologists on the staff arranged a parent conference, explained the program, and obtained parental consent. In conferences with parents, psychologists frankly discussed the child's problems. They told parents that the Community Helper program was an experimental project aimed at helping children who were having academic difficulty and who were presenting classroom behavior problems. It was explained that the helpers were not professionally trained but that they would be working under the supervision of the Coordinator. Possible advantages of the program such as the extra individual attention, personal recognition for progress, and the opportunity for release of tension were stressed. It was suggested also that parents often found it difficult to work in a tutorial-counseling relationship with their own children, whereas another interested adult might be more able to relax and exercise patience. No parents refused to cooperated.

Several cases were identified for the program because of a psychologist's recommendation from the previous year. In these cases, parent conferences had already been held and the Coordinator simply sent a letter of explanation. Parents were invited to meet the Coordinator if they wished further clarification or to notify the principal if they did not want their child to participate in the program. Only one mother requested such a conference. She understood the purpose of the program but was concerned that the helper assigned to work with her child should not be a personal acquaintance, since two of her good friends were working as Community Helpers.

Teachers shared in the process of selecting the child. Most of the children finally admitted to the program were identified following teacher referral to the school psychologist. After determining a child's eligibility, the school psychologist explained the program to the teacher and gained her consent before the parent conference. Teachers were encouraged to keep in close communication with the helpers. They were also asked to meet with the child to explain that he had been selected for some special help. The helper was described as a person who liked children and who wanted to help them. While respecting the child's feelings, he was not offered a choice whether to participate; it was felt that a positive approach by the teacher would help get the relationship off to a good start. None of the children verbalized resistance to the program.

Descriptive Data on Subjects in the Experimental and Control Groups

There were 74 subjects in the total group, with 37 assigned to the Experimental program and 37 to the Control group. Distribution according to sex was almost equal: 28 male and 9 female in the Experimental and 29 male and 8 female in the Control.

Age, Socioeconomic Status, and Intelligence. The statistical data on age, socioeconomic status and intelligence for subjects are summarized in Table 3.

The mean ages of the children in the two groups differed significantly. Experimental subjects had a mean age of 9.2 years and a standard deviation of 1.4. Control subjects were significantly older as a group with a mean age 10.3 and a standard deviation of 1.6. The possible effect of this difference in age on the outcome of the study is examined later.

Socioeconomic status ratings for the Experimental and Control subjects were almost identical. In general, both groups can be classified as Low to Upper Middle Class in comparison with the Community Helpers who were more typically Upper Middle Class (See Table 1).

The I.Q. distributions for the two groups were almost identical, and, in general, fell within the low to high average range. Only two subjects in the entire sample (N=74) initially tested below 80 I.Q.

These subjects, both in the Experimental Group, had pre-test I.Q.'s of 75 and 78 and post-test I.Q.'s of 82 and 89, respectively. Also, at the time of initial testing, either the Verbal or Performance WISC I.Q. of each subject was above 80. None of the subjects were mentally retarded.

Table 3

AGE, SOCIOECONOMIC STATUS RATINGS, AND I. Q. DISTRIBUTIONS FOR SUBJECTS IN THE EXPERIMENTAL AND CONTROL GROUPS

	Experimental (N=37)			Control (N=37)			t
	Mean	S.D.	Range	Mean	S.D	Range	
Age	9.2	1.4	7.1-12.0	10.3	1.6	6.7-13.8	3.15**
Socioeconomic[a] Status Ratings	60.0	10.0	40-86	61.2	11.2	40-86	0.47
I.Q.[b]	100.2	11.2	75-118	100.9	10.1	83-119	0.00

** $P < .01$

[a] Scores based on the North-Hatt Scale for rating occupations of parents (North & Hatt, 1947).

[b] Standardized test administered were as follows:

Stanford-Binet, Form L-M: Experimental: 13; Control: 8
Wechsler Intelligence Scale for Children: Experimental: 24; Control: 29

Grade Placement and Schools Attended. Children in the total group ranged in grade placement from 1 to 6. Since they were older than the Experimental subjects, more of the Control subjects were in the higher grades. Distribution of the Experimental and Control subjects according to grade was as follows: Grade 1: 1 E, 1 C; Grade 2: 11 E, 3 C; Grade 3: 8 E, 7 C; Grade 4: 11 E, 10 C; Grade 5: 5 E, 10 C; Grade 6: 1 E, 7 C. The mean grade for Experimentals was 3.3; the mean for Controls, 4.4.

Inspection of Table 4 shows a fairly even distribution of Experimental and Control subjects in 17 elementary schools in the seven school districts participating in the study.

Table 4

SCHOOLS ATTENDED BY SUBJECTS IN THE EXPERIMENTAL AND CONTROL GROUPS

Districts (N=7)	Schools (N=17)	Experimental Subjects		Control Subjects	
		N	Total (N=37)	N	Total (N=37)
1	A	3		6	
	B	3		6	
	C	4	10	3	12
2	D	2		6	
	E	4		3	
	F	2	8	3	12
3	G	3		0	
	H	1	4	2	2
4	I	3		3	
	J	1		1	
	K	2		1	
	L	2	8	0	5
5	M	2		1	
	N	0		1	
	O	0	2	1	3
6	P	2	2	1	1
7	Q	3	3	2	2

Orientation and Supervision of Community Helpers

After a volunteer had consented to participate, the Coordinator met jointly with the teacher, principal and volunteer to discuss the child and made necessary arrangements. The Coordinator took this opportunity to insure that all participants understood that the relationship established between the helper and the child was the essence of the program. Any expectations that the helper was to be an assistant teacher or tutor were discouraged.

Before proceding with an assignment, the helper was asked if she were acquainted with the child or the parents of the child in question. If she knew the child or if she lived in his immediate neighborhood, the assignment was not made. This circumstance occurred on only two occasions.

The teacher was asked to describe the child to the helper as he appeared in the classroom, in the halls, and on the playground, and the helper was encouraged to ask questions about the child. The Coordinator also presented relevant information from the psychological evaluation. Intellectual and achievement scores were interpreted to the helper. The following description of a child illustrates the kinds of information given:

> "David is 10 years old and in the fourth grade. He has a 12-year-old brother and a seven-year old sister. Although he has average intelligence, reading and arithmetic scores are on an early third grade level. Achievement scores are actually about two years below what we might expect for a child of his ability.
>
> David is very shy. He has few friends and he rarely actively seeks frineds although he does respond when other children try to play with him. He avoids competitive situations. He never recites in class and rarely participates in group activities. He apparently is extremely fearful of making mistakes and would rather not try than try and fail. Most assignments are left unfinished.
>
> Parents are concerned about David's behavior but are at a loss how to help him. They have consented to the assignment of a Community Helper to see if this might help."

The Coordinator attempted to answer all questions as honestly and clearly as possible. When parents of the children were discussed, it was not in a critical fashion and the Coordinator tried not to infer that they were at fault for the child's problems (In some cases, however, teachers were critical of parents and divulged their impression of the home environment). Helpers were reminded that all the information was confidential and was not to be discussed except with the school staff. The intent of this and future joint conferences was to make the helper feel an accepted and equal member of the team.

Helpers generally expressed anxiety about their first interview with children; they were afraid they might not be liked, that they would not know what to say, or that the child would be difficult to handle. The Coordinator suggested that the first meeting be spent in getting acquainted and discussing one another's interests. The helper was encouraged to relax and enter the relationship in her natural way with the primary objective that it be a mutually enjoyable experience. When the helper asked for more structure, the Coordinator suggested other specific activities and in many cases, provided materials with which to begin.*

In the latter part of the interview, the actual mechanics of the first helper-child interview were planned. The teacher and helper agreed upon a mutually convenient time for the interview. Many teachers preferred that the child leave the room at the same time the others were leaving for remedial reading, speech therapy, music or other specialized activity. Finally the principal was asked to reserve a quiet room for the period of time needed. Before closing the interview, the teacher was asked to prepare the child for the first meeting and to introduce the child to the helper on her first visit.

The purpose of the Community Helper Program was to use community volunteers with a minimum of professional supervision. This concept was retained throughout the program. The actual number of contacts between Coordinator and the helpers varied somewhat depending upon the personality of the helper, the particular difficulty of the child, and length of time in treatment. Most helpers were seen following the third or fourth interview and once every three to four weeks the remainder of the program. Helpers were encouraged to call if they had any questions or needed help. Helper-Coordinator conferences varied in length from 5 to 60 minutes and averaged 30 minutes.

The Coordinator attempted to provide an understanding and supportive atmosphere for each helper. Their ideas for conducting interviews were treated with respect; in general, no activities were suggested by them that appeared to be risky or destructive. Not once did the Coordinator need to caution that a certain activity should be avoided and only once was he so inclined. In that one instance, a helper was urging a sixth grader to quit football so he would have more time for study. Helpers did want to ask about the consequences of certain activities and their questions were not ignored. In most cases, the Coordinator responded by saying, "It sounds like a good idea; let's try it and find out. Keep notes and if it doesn't work, we can pass that information on to future helpers." The helper remained the controlling agent. The Coordinator continually focused upon the quality of the relationship, and activities were discussed in relation to the effect they might have upon the relationship.

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*See Smith and Stoffer (1968a) for illustrations of introductory activities.

In several instances, conferences involving the teacher, helper, and Coordinator were held. In each case this became necessary when it was apparent to the Coordinator that either the helper or the teacher did not understand or appreciate their mutual roles. In at least two cases, such a conference was necessary when the helper became upset over something the teacher had said. Teachers and helpers were encouraged to keep in close contact but arrangements were left to them. Several helpers knew the teacher well and chatted with her for a minute or two before or after each interview. At the other extreme were several helpers who rarely communicated with the teacher. When a conference became necessary because of concern or misunderstanding on the part of either the teacher or the helper, the principal was asked to make arrangements for someone to watch the teacher's classroom. Had conferences been held more often, it would have created considerable inconvenience for the principal.

Activities and Materials Used by Community Helpers

The Coordinator did not give instructions concerning the teaching process for those helpers who chose to work on academic tasks, and the materials provided were self-explanatory. Encouraged to develop their own activities, many helpers turned to games and materials which had been effective with their own children.

Teachers often provided reading materials geared to the child's readiness level. Occasionally, teachers would send actual homework that the child needed to finish. The Coordinator's supply of materials was meant as a security measure for helpers, and were usually given early in the program. Few helpers continued using them throughout the program. Those who requested information on the teaching of reading were given a copy of the basic principles of the Edwards' Word Solving Reading Method. Several specifically requested reading workbooks and were given copies of the Charles C. Merrills' New Reading Skilltexts or New Phonics Skilltexts geared to the child's reading level. Also available was the Dolch Supplemental Teaching Aide which included readiness games, popper word and phrase cards, and sounding games. Most commonly distributed reading materials were the Dolch Independent Reading Books, and the Dolch Reader's Digest Reading Skill Builders.

Despite the stress on the importance of the interpersonal relationship many helpers considered tutoring and academic improvement the most important aspect of their task. Virtually all helpers did some reading with their children (See Table 5). In most cases, helpers were able to find materials which were easy and interesting. However, several instances were noted where the material was too difficult for the child. Helpers read to the child as well as listen to him. Workbooks were preferred by some helpers. Where the helper was determined to improve reading skills, an appropriate workbook helped to provide a balanced developmental program. Thirteen helpers used along with their reading. It was noted that most of the helpers stressed phonics in helping children learn and remember new words.

Table 5

ACTIVITIES REPORTED BY COMMUNITY HELPERS
(N=37)

Activity	No. of Helpers Reporting
Informal Conversation	37
Reading	35
Arithmetic	18
Spelling	17
Assigned Homework	15
Popper Words (Flash Cards)	14
Arts and Crafts	11
Phonics	10
Table Games and Puzzles	10
Handwriting	8
Visits to Nearby Points of Interest	5
Telling Jokes	2
Others	7

Spelling was a major activity with 17 helpers. With weekly spelling tests, this emerged as an academic task where concrete results could be measured. Again, phonics played an important role in most teaching.

Eighteen helpers worked with arithmetic at various times but apparently with less urgency than with reading or spelling. Memorization of multiplication tables was adopted as an activity by a few. On the whole, helpers felt less adequate as tutors in arithmetic. Several expressed their inability to understand the "new math." Relatively little concern was shown over the child's writing, although six helpers worked specifically on handwriting.

At least 15 helpers included homework which had been assigned to the child by the teacher. With older children this meant Science, English, Mathematics, and Social Studies. Teachers sometimes sent unfinished or incorrect papers for the younger children.

The single activity which occupied the largest amount of time was informal conversation. Topics of interest included horses, airplanes, space travel, dinosaurs, siblings, birthdays, peers, sports, television shows, and vacation activities. Nearly all helpers began and ended their sessions with opportunities for the child just to walk.

Other less frequent activities included working on scrapbooks, playing games such as Yahtzee, tic-tac-toe, chess, Scrabble, Concentration, Password and checkers, visiting a drug store, ice-cream ship, or supermarket, writing a letter to Santa Claus, drawing, coloring, and painting, working on models and crafts, telling jokes, making up stories, making gifts and cards for parents, solving puzzles and riddles, sewing and weaving, reading poems, practicing for a play, and swinging at the playground.

In several cases, it was apparent that pressure for helpers to do academic work had been applied by teachers and principals. In describing the child, they would usually stress academic difficulties. Helpers were informed that the child was still not getting his work done and that he was still failing spelling tests. In such cases, conscientious helpers often concluded that there was a need for stepped-up academic activities. In several cases, the helper realized that the Coordinator was interpreting the program differently than the teacher. When confronted by obvious conflict, the Coordinator attempted to reinterpret the helper's task to school personnel. In other instances, the helper fell smoothly and comfortably into the expectations of the school.

The majority of the helper-child interviews were from 30 to 45 minutes in length. Few were less than 30 minutes or more than an hour. Many found it convenient to begin immediately following a well-defined and constant period such as recess, lunch, or reading class. The same was true for termination of a session. A predetermined time for termination seemed to be an advantage in most cases. The teacher would know when to expect the child's return and plan accordingly. Where the time interval varied, termination was often awkward and developed into a struggle between child and helper. Many children wanted to remain as long as possible.

It was noted that more than half of the helpers brought some kind of gift for their children sometime during the program. One apparently brought something each time she came (e.g., candy bars). Most of these gifts could be considered tokens of esteem with no strings attached. At least three helpers, however, used gifts to bargin for (or reinforce) better performance. It was the impression of the Coordinator that gifts, especially those other than for special events such as birthdays or termination of the program, were of little positive value and at times hindered the relationship. In one case, the child asked for another gift and became angry with the helper when she refused to get it. In at least two other cases, the child spent considerable time coaxing the helper for the candy.

Recognition of Contribution of Helpers

In a final conference, the Coordinator expressed his gratitude for the contribution that the helper had made to the program. The teacher and the principal were also encouraged to express their appreciation for her work. In addition, a letter of recognition was sent to each helper in gratitude for her participation in the program.

Procedures for Evaluation of the Program

The project was evaluated from several points of view. In order to evaluate its general effectiveness, the progress of children assigned to the Community Helper Program (Experimental subjects) was compared to that of unassigned children (Control subjects). Various types of behavioral data were collected on all children at the beginning and at the end of the project. Specifically, children were assessed in respect to four possible areas of change: (a) positive behavioral change, or reduction in problem behaviors; (b) change in personality in the direction of greater motivation toward achievement and affiliation with others; (c) increase in academic achievement; and (d) increase in measured intelligence. Subjects were compared on the four specific measures of change as well as a composite index.

In addition to the Experimental-Control subject comparisons, an analysis was made of variables within the experimental program thought to have a bearing on outcome. In order to understand which factors were instrumental in determining the success or failure of the program, an analysis was made of the relationship between outcome and selected subject and helper variables, as well as interactions between them. Data in question for the subjects themselves included age, sex, socioeconomic status and type of behavioral disorder. For the Community Helpers, the relationships between age, socioeconomic status, personality characteristics and outcome were investigated.

The nature of the relationship between each helper and child was also assessed by judging taped interviews and using various scales designed to measure the kinds of therapeutic conditions provided. It was hoped that this type of process analysis would help us understand the basis for successes and failures within the program.

Another procedure for evaluating the effectiveness of the program was to survey the reactions of the significant personnel participating in the project, namely the teachers, principals and the Community Helpers themselves. Information was obtained from teachers and principals in regard to: (a) their willingness to continue as participants in the program, (b) major problems it created for them and (c) their perceptions of the appropriate role for each in the operation of the program. From helpers, we requested their evaluation of the success of the program, their perception of the reasons for its success or failure, their suggestions for improvement in the administration of the program, an explanation of the most gratifying or discouraging aspects of the program, and their willingness to participate in future programs.

A description of the procedures and instruments employed in the collection of data is contained in the section which follows.

Evaluative Data on Experimental and Control Subjects

As pointed out above, all children were evaluated at the beginning and at the end of the program with respect to four areas of change: behavioral, motivational, academic, and intellectual. In this section we will review the instruments used, the method for determining gains and the procedures for collecting the data.

Measure of Behavioral Change. Teachers were asked to complete a behavioral problem checklist on all subjects at the beginning and end of the program. Items were included from two separate checklists--the *Quay-Peterson Problem Behavior Checklist* and the *Interpersonal Adjective Checklist*. The Quay-Peterson has been used in a number of research studies on children with behavioral disorders (Quay, H. C. & Quay, I., 1965; Quay, H. C., Morse, W. C., & Cutler, R. L., 1966). The scale, first developed by Peterson (1961), represents the most common problems of children referred to the child guidance clinic. Since its publication, the 58 items of the scale have been subjected to a series of factor analyses on a variety of populations (Quay, 1964; Quay, H. C. & Quay, I., 1965). These studies show that three factorially independent dimensions account for about two-thirds of the variance of the interrelationships among the problem behaviors. Thus, separate scores can be obtained for individuals along three separate dimensions of behavioral disorders. The first factor, labeled *Conduct Disorder*, is composed of aggressive, hostile, contentious and hyperactive behavior. The second dimension, which has been labeled *Personality Problems*, represents anxious, fearful, self-conscious, withdrawn and introvertive behavior. The third factor, *Inadequacy-Immaturity*, includes behaviors such as preoccupation, lack of interest, sluggishness, laziness and lethargy, day-dreaming, suggestibility and passivity. The items on the *Quay-Peterson Checklist*, grouped according to factor loadings, are shown in Appendix B.

The accompanying behavioral checklist included 80 of the maladaptive items from the *Interpersonal Adjective Checklist* developed by Leary (1956) and Laforge & Suzcek (1955). The scale was supplemented with eight items designed to measure the approach-withdrawal dimension of interpersonal behavior. The items on this checklist are shown in Appendix C.

Scores from the two checklists were used separately for part of the analysis and combined in order to derive the Outcome Index described below.

Measure of Motivational Change. Motivational changes occurring during the program's operation were assessed by means of a thematic projective test under the assumption that the children's motives would be expressed in free-associative thought. Each child was asked to create an imaginative story in response to a series of 13 picture cards selected from the Thematic Apperception Test (TAT) (Murray, 1943) and the Michigan Picture Test (MPT) (Andrew, 1953). These particular cards were chosen because of their demonstrated value as most productive in eliciting responses from children (Kagan, 1960), in eliciting achievement and affiliative motives(Atkinson, 1958) and interpersonal needs (Leary, 1956). Four of the MPT cards had also been utilized for core screening purposes. The picture cards were administered in the following sequences: (1) TAT 1 (2) TAT 3BM (3) TAT 7BM (4) TAT 7GF (5) TAT 8BM (6) TAT 14 (7) MPT 1 (8) MPT 2 (9) MPT 3 (10) MPT 6 (11) MPT 8G (12) MPT 9 (13) Blank Card.

Two psychologists administered the thematic projective test according to the instructions presented in Appendix D. The thematic content was analyzed on the basis of four separate scoring systems which are described below, and inter-scorer reliability coefficents were computed for each.

1. Achievement Motives. Arnold (1962) has developed a method of scoring thematic material which deals with the total "import" or meaning of the story rather than its isolate parts. An overall Motivation Index is derived which is thought to indicate the subjects positive or negative motivation. Positive motivation is "found among high-achieving elementary (and) secondary students.....Negative motivation, in contrast, is found among low achievers....." (Arnold, 1962, p. 14).

There are four scoring categories for the import, or total significance of stories: (1) Achievement, success, happiness, active effort (or lack of it); (2) Right and Wrong--including well-intentioned, reasonable, constructive or responsible actions; (3) Human relationships; and (4) Reaction to adversity and stress. Imports are scored on a positive (constructive) to negative (nonconstructive) scale--from +2 to -2. These plus and minus scores are then added in a record algebraically and the sum is used as the final score. The score indicates how many more positive than negative scores a record contains. If a subject were consistently positive in his motivation, his final score would be (+26) for this 13-story sequence, or (-26) if his motivation were consistently negative. In contrast, the subject with inconsistent motivation would have a final score of zero. Arnold employs a Motivation Index (M.I.) which takes into account the number of stories told by the subject. The midpoint of the M.I. is always 100, indicating complete inconsistency, while the lower end is zero and the upper limit 200. A table is provided in Arnold's text (p. 146) for deriving the M.I. from positive and negative total scores.

Two judges scored a sample of 21 separate protocols selected at random from the Experimental and Control groups according to Arnold's system. The interjudge reliability coefficient appeared to be accurate enough for research purposes (r=.86).

Arnold's Motivation Index was the measure of Motivational Change used for computing the Outcome Index. However, all of the pre- and post-test protocols of Experimental and Control subjects were scored on the basis of three other systems, which will now be described.

2. Achievement Need. Atkinson and McClelland (Atkinson, 1958) have devised a scoring system for thematic stories which is reported to be objective enough to provide high observer agreement and sensitive enough to reflect change in motivational states. Following this system, many of the details of the behavior and experiences of the fictional story characters are classified into descriptive categories which consider such topics as (a) anticipation of successful attainment of a goal; (b) activity instrumental to the attainment of a goal; (c) the blocking of goal directed activity--due to a personal deficiency or an external cause; and (d) affective states experienced in an attempt to gratify a motive. The scorer must first decide whether a story contains any reference to an achievement goal; if there is such a reference he proceeds to score the above sub-categories. Following the instructional procedures outlined by Atkinson (1958) three judges were trained in the scoring technique. After the training period, interscorer reliability was examined for a random sample of 20 protocols from the experimental and control groups. The inter-scorer reliability coefficient was .84.

3. Affiliation Need. The scoring system of Atkinson and McClelland (Atkinson, 1958) also provides a method for assessing the need for affiliation with others. Following the procedures outlined in the manual, three judges attained an inter-scorer reliability coefficient of .81 in scoring 20 protocols selected at random from the experimental and control groups.

4. Interpersonal Needs. Leary (1956) reported a method for categorizing thematic material according to 16 interpersonal needs. Twenty-one cases were chosen at random from the experimental and control groups and two judges were able to reach 77% agreement in categorizing the stories according to interpersonal needs. For the purposes of this research, interpersonal needs of the subjects were further categorized along two dimensions: Dominance-Submission and Hostility-Affection.

Measures of Academic Achievement. Two sources of data were used to evaluate progress in academic work--teachers' grades and achievement tests.

Grade point averages were obtained in all academic courses for the grading period nearest the beginning and nearest the end of the program for each child. Subjects included Reading, Arithmetic, Spelling, Writing, English, Social Studies and Science. Letter grades were transformed to numerical ratings for statistical purposes (e.g., A-4, B-3.... E-0).

Two standardized tests of scholastic achievement were also administered at the beginning and the end of the program: The Wide Range Achievement Test (WRAT) (Jastax, 1965) which includes a separate measure of reading achievement (word recognition skills) and arithmetic computation skills, and the Gray Oral Reading Test (Gray, 1963) which provides a grade equivalent score for oral reading skill.

Measures of Intelligence. Intelligence Quotients at the beginning and end of the program were used as the basis for measuring changes in intellectual efficiency. Two individual standardized tests of intelligence were employed: The Wechsler Intelligence Scale for Children (WISC), Full Scale, and the Stanford-Binet Intelligence Scale, Form L-M. The WISC was administered to 24 experimental and 29 control subjects, the Binet to 13 experimental and 8 control subjects. Each subject received the same test at the beginning and at the end of the program. I.Q.'s at the extremes were adjusted for the difference in the variability between the two tests (e.g., Binet standard deviation is 16; WISC standard deviation is 15).

Procedures for Collection of Data. The procedures for initial screening and assignment of children to the program have already been described. When it was decided to assign a child to a Community Helper, relevant research data was obtained immediately for him and his counterpart in the control group. Two research psychologists collected data on subjects assigned to them on a random basis. They recorded the most recent grades for each subject and requested that the child's teacher complete the Behavioral Checklist. The test battery was then administered, each psychologist examining the same child at the beginning and at the end of the program. The tests were given in the following sequence, two separate appointments being required for both pre-testing and post-testing.

1. A standardized interview (results not used in the study).

2. WISC or Binet (if either of these tests had previously been administered (within three months) by a school psychologist as a part of the diagnostic study which resulted in the referral of the child to the program, the results were used for pre-test purposes. The same test was then readministered as a post-test).

3. Gray Oral Reading Test.

4. Wide Range Achievement Test (Reading, Arithmetic).

5. The Picture Projective Test.

Whenever an experimental case was terminated, all of the above data was again collected on this case and his counterpart in the control group.

The battery of tests was readministered to both subjects, teachers completed the Behavioral Checklist again at this point in time, and grade point averages were calculated on the basis of the most recent grading period.

Calculation of Gain Scores and the Outcome Index. In order to assess progress made by each child during the course of the program, gain scores were calculated for all of the measures. The many measurements on each subject were then reduced to a common scale by translating the gain scores for each into a standard score. The standard score distributions were then normalized, a constant of 100 added to each score and each score then multiplied by 10. The resulting T scores were of a normal distribution with a standard deviation of 10 and a mean of 100. Three sets of normalized standard scores were calculated--one set consisted of the combined standardized gain scores of the experimental and control groups. Separate sets of standardized gain scores were obtained for subjects in the experimental and control groups in order to test some within-group predictions (i.e., multiple correlations). Standard gain scores were derived for all of the measures in Table 6.

In order to establish a single indicator of positive change, an Outcome Index was developed which combined the data from some of the aforementioned tests into a single score. Since the primary objective of the Community Helper program was to change behavior and motivation rather than increase scholastic grades and achievement, the gain scores for behavioral and motivational change were weighted twice as much as those representing academic gains and mental efficiency. Table 7 illustrates the criteria for this overall measure of competency, and the method for calculation.

Evaluative Data on Community Helpers

Several types of personal data were obtained on the Community Helpers who participated in the program:

1. Age.
2. Socioeconomic Status-based upon ratings of husband's occupation with the North-Hatt Scale (North & Hatt, 1947).
3. Questionnaires administered to the Community Helpers at the beginning and the end of the program which elicited: (a) a statement of expressed motivation for participation in the program, and (b) a summary statement on "gratification received."
4. Two personality measures: The Edwards Personal Preference Schedule and the Rokeach Dogmatism Scale, Form E.

Table 6

CALCULATION OF STANDARDIZED GAIN SCORES FOR ALL MEASURES

Measures of Behavioral Change

Gain scores for the Quay-Peterson Behavioral Checklist and the Interpersonal Adjective Checklist were computed separately, converted to standard scores and averaged for each subject. Each scale was thus given equal weight.

Measures of Motivational Change

Four separate scoring systems were used to analyze the thematic projective test; therefore, gain scores were obtained on four separate dimensions: The Arnold Motivation Index, achievement need, affiliation need, and interpersonal need (categorized as dominant-submissive and hostile-affiliative). Raw scores were then converted to standard scores.

Measures of Academic Gains

Standardized gain scores were computed separately for the following:

1. The mean of the gain scores for the reading and arithmetic sections of the Wide Range Achievement Test (WRAT).
2. Gray Oral Reading Test.
3. Grade Point Average.

Gain scores from the WRAT and Gray Oral Reading Tests were averaged and weighted according to the time interval between pre- and post-testing--to derive the gain on achievement testing for each subject.

Measure of Intellectual Efficiency

Since I.Q.'s from the WISC and Binet are standard scores, no conversion was necessary except for corrections for differences in variability between the two scales.

Table 7

THE OUTCOME INDEX - A COMPOSITE OF FOUR CRITERIA FOR SUCCESS

Criteria and Measure	Calculation	Total
1. Reduction in Behavioral Problems Mean of the gain scores on the Quay-Peterson and Interpersonal Adjective Check List completed by teachers.	multiplied by 2 =	____
2. Positive Changes in Personality Standardized gain score on Picture Projective Test using the Arnold Motivation Index.	multiplied by 2 =	____
3. Academic Gains Mean of the standardized gain scores on (a) the Wide Range Achievement Test (Reading, and Arithmetic) and the Gray Oral Reading Test and (b) grade point average.	multiplied by 1 =	____
4. Increase in Mental Efficiency Standardized gain scores on intelligence test (WISC or Binet).	multiplied by 1 =	____
	Total (Outcome Index)	____

5. A measure of the quality of the relationship between helper and child: Truax Scales for Measurement of Therapeutic Conditions.

The instruments employed to collect data for the last three items will now be described in more detail.

Questionnaires. In his initial interview with Community Helpers, the project Coordinator obtained a number of pertinent facts about each volunteer (see Appendix A). One question concerned the reason why they wanted to participate in the program.

Community Helpers were also asked to complete a Summary Report (see Appendix A) at the end of the program. Three of these questions provided interesting data relevant to the goals and expectancies of the helpers: Why did you perceive yourself as successful in helping the child? What was most gratifying to you personally in this experience as a Community Helper? What was most discouraging to you about this experience?

Personality Measures. At the beginning of the study, it was planned to ask all helpers to complete the Edwards Personal Preference Schedule and the Rokeach Dogmatism Scale, Form E. However, several helpers considered the tests to be an unnecessary invasion of privacy and refused to complete them. As a result, only 19 of the 37 helpers completed the EPPS and only 33 completed the Rokeach Scale. The data from these scales were used primarily as supporting information for case studies. However, a more complete analysis of the Rokeach Scale in regard to the current research findings is reported in a separate study by Stoffer (1968).

The Edward's Personal Preference Schedule (EPPS) (Edwards, 1954) is designed to provide measures of 15 personality variables. Certain manifest needs are associated with each of the 15 EPPS variables, and some were of particular interest in terms of evaluating the personality of the Community Helpers: achievement, dominance, deference, order, exhibition, autonomy, affiliation, intraception, succorance, abasement, nurturance, change, endurance, heterosexuality, and aggression.

The theoretical framework and development of The Dogmatism Scale are described by Rokeach (1960). The present scale is the latest of five revisions which have attempted to refine theoretical formulations and test reliability. Form E contains 40 items. Twenty additional neutral items were included in the form used for the present study, making a total of 60 (see Appendix E). Each item is responded to on a six-point continuum ranging from strong agreement (plus 3) to strong disagreement (minus 3). The higher the score, the more "dogmatic" or "closed minded" the person taking the inventory.

Measure of the Relationship between Helper and Child. Two scales developed by Truax and Carkhuff (1961), 1962) were employed to obtain data about the therapeutic conditions present in the helper-child relationship. Judges listened to tape-recorded segments of the helper-child interview and rated them according to the instructions of the scale. Truax offers the following descriptions of his scales:

a. Scale for the Measurement of Unconditional Positive Regard (called Nonpossessive Warmth) (See Appendix F). The measurement of nonpossessive warmth specifies a five-step continuum involving at the lower range such helping behaviors as: "(he) acts in such a way as to make himself the locus of evaluation...(he) may be telling the patient what would be "best" for him, or may be in other ways actively trying to control his behavior," or, "the therapist responds mechanically to the client and thus indicates little positive warmth..or ignores the patient where an unconditionally warm response would be expected--complete passivity that communicates a lack of warmth." At very high values: "(he) clearly communicates a very deep interest and concern for the welfare of the patient. Attempts to dominate or control the patient are for the most part absent ...except that it is important that he (the patient) be more mature...or that the therapeutic person himself is accepted and liked," or at the highest level..."the patient is free to be himself even if this means that he is temporarily regressing, being defensive, or even disliking or rejecting the therapist himself" (Truax & Carkhuff, 1962).

b. Scale for the Measurement of Accurate Empathy (See Appendix F). The accurate empathy scale defines a nine-step continuum which specifies at its lower values such behaviors as "he seems completely unaware of even the most conspicuous of the patient's feelings. His responses are not appropriate to the mood and content of the client's statements and there is no determinable quality of empathy, hence no accuracy whatsoever." Whereas, at intermediate levels of the continuum "(he) often responds accurately to more exposed feelings. He also displays concern for more hidden feelings which he seems to sense must be present, though he does not understand their nature." Or, "he shows awareness of many feelings and experiences which are not so evident...but in these he tends to be somewhat inaccurate in his understanding." At the higher levels of the continuum of accurate empathy, the therapist "shows awareness of the precise intensity of most underlying emotions...his responses move only slightly beyond the area of the client's own awareness so that feelings may be present which are not recognized by the client's present, acknowledged feeling. He moves into feelings and experiences that are only hinted at...and does so with sensitivity and accuracy. (He) offers additions to the patient's understanding so that not only are underlying emotions pointed to but they are specifically talked about" (Truax & Carkhuff, 1961).

The scales were designed for rating live observation or tape recordings of counseling or therapy interviews, but the author states that they may be used on typescripts with only slight loss of reliability. They have been used with various lengths of time samples and in both individual and group interaction.

For each experimental case, audio tape recordings were made of two consecutive interviews early in the program and two consecutive interviews late in the program. The first, second, third, fourth, 23rd, and 24th interviews were taped. In cases which did not reach 25 interviews, tapes were made of the second from last and third from last interviews. Tapes recorded during late interviews were used in the analysis for reasons explained in Chapter V. Scheduling conflicts and the inaudibility of some tapes caused slight variations. Number of interviews between early and late tapes ranged from 10 to 21 with a mean of 17.3.

For each of the selected tapes, three three-minute segments were chosen for analysis. Selection of segments was limited both by the audibility of the tapes and the amount of relevant interaction between helper and child. Some segments contained no personal interaction between helper and child; for example, a segment might contain continuous reading by the helper or the child or some other academic task such as spelling where no relevant interaction was detectable via audio tapes.

Whenever possible, the 0-3, 9-12, and 18-21 minute segments were used for analysis. When the selected segment was judged unsuitable because of lack of interaction between helper and child, the investigator took the three-minute segment beginning with the first relevant interaction following the designated starting point. Some segments contained much more interaction than others.

Rating Procedures. Before rating them, the tapes were placed in random order. The selected segments were then retaped in the proper order for ease of rating. The final product was 630 minutes of taped material (210 three-minute segments).

Raters did not know the helper or the child, whether it was an early or later interview, or whether the case had been successful or unsuccessful. They were informed that only the tapes and not the segments within an interview had been randomized. The rating form used contained three identical scales, one for each segment of that particular interview. Raters were asked to mark the proper stage for each segment. All raters completed Scale I (Non-Possessive Warmth) before beginning Scale II (Accurate Empathy). The same tape sequence was used for each variable. Each recording was accompanied by a typed transcript. Upon completion of the training period, raters were allowed to work alone at their own convenience. When in doubt, they were instructed to replay all or any part of a segment.

Raters and Training Procedures. The three raters were advanced graduate students at Ohio State University in the area of school pschology. Judges one and three were male, and their respective ages were 25, 26, and 29. All three had taken an introductory course in counseling and had had considerable training in interviewing. In addition, judge number three had participated in a counseling practicum. By training and experience, judge three should have been slightly more sophisticated than judges one and two.

The training procedure was identical for both rating scales. Each rater was given a copy of the scale with a full description of each stage. Later, the investigator met jointly with the raters to discuss their conception of what they would be rating. They were encouraged to ask questions and to try to anticipate difficulties.

After raters appeared to have resolved conceptual differences, they rated five sample segments with the investigator. After hearing a segment, each of the four raters gave his rating and tried to explain how he had arrived at that particular score. When differences appeared, they were examined for possible differences in theoretical orientation. This practice also gave raters a chance to establish a common baseline. At the end of five segments, raters felt that they were trying to measure the same thing and that they agreed upon the meaning of each stage. Data on the reliability of ratings is presented in a later chapter.

Other Evaluative Data on the Total Program

At the end of the program a summary report was obtained from the Community Helpers which included their perception of the reasons for success or failure of the program, suggestions for the administration of future programs, the most gratifying and discouraging aspects of the program, and a statement concerning their willingness to serve in the program again (see Appendix A).

Follow-up questionnaires were also obtained from the teachers and principals participating in the program (see Appendix G). Questions asked concerned their willingness to participate in future programs, special problems created by the program, and their recommendations concerning their respective role in regard to selection of children for the program, selection of helpers, working with helpers, and evaluating the children's progress.

These data are categorized and summarized in a later chapter of this report. They also constituted the basis for recommending revisions in the operation of the program (Smith & Stoffer, 1968a, Smith & Stoffer, 1968b).

CHAPTER III

RESULTS: COMPARATIVE PROGRESS OF CHILDREN IN THE EXPERIMENTAL AND CONTROL GROUPS

The quality of interpersonal relations between parent (or parent surrogate) and child has a significant impact on the behavior and learning of the child. This assumption was fundamental to the Community Helpers Program. By providing disturbed children a warm, accepting and stable relationship with an adult we hoped to reduce negative behavioral symptoms and increase academic accomplishment. The goal of the program was not to effect a "cure" or total rehabilitation of the child but to offer a type of supportive relationship which would increase his social competency and help him function more effectively in the classroom.

A large sample of children from grades 1 through 6 who manifested behavioral and learning problems were screened by the psychologists on the school staff and assigned at random to the Demonstration (Experimental) or Comparison (Control) group. Children in both groups were administered a battery of psychological and educational tests at the start of the program, and behavior ratings were obtained from their teachers. These data were used as the baseline for evaluating the relative progress of the children in the two groups while the program was underway.

On the average, the 37 children in the experimental group saw a community volunteer for a period of 18 weeks (or about 22 interviews).* No supplementary services were given to children in the Experimental group except for one child who was also in a special remedial reading group. Thirteen children in the Control group received some type of supplementary service. Eight were assigned for remedial reading, either in a small remedial class or with an individual tutor. Five Control subjects received some type of counseling or psychotherapeutic help. One child and his parents received family therapy at a Community Child Guidance Clinic. The parent of another Control subject was being seen independently at a clinic, and three children were seen by an Elementary School Counselor while the project was underway. No Experimental subjects received outside counseling or psychotherapy during the course of the project. In a social action program of this type, it is extremely difficult to equate the types of services received by subjects. The school psychology staff attempted to find remedial or counseling services for all of the 37 Control subjects. The fact that additional aid could be found for only 13 children attests to the deficiency of appropriate treatment services in school districts of this kind. The difference between the two groups in regard to supplementary services received was taken into account in the analysis which follows.

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*The mean number of interviews was 22.3, with a standard deviation of 3.6. Twenty-one subjects had 23-25 interviews; nine had 20-22, two had 17-19, and five 14-16 interviews.

At the end of 18 to 19 weeks, the progress of subjects in each group was assessed with the same battery of tests and teacher ratings. Whenever an Experimental subject was reassessed, his counterpart in the Control group was seen. The interviewing time between pre- and post-testing for subjects in the Experimental and Control groups is summarized in Table 8 . There was a slight but nonsignificant variation in the length of time between pre- and post-assessment for subjects in the two groups.

In this chapter, we will examine the relative gains of the experimental and control groups on the battery of assessment tests and teacher ratings. Their progress will be compared on the Outcome Index, (a composite of all the measures) and on the separate measures of (a) incidence of behavioral problems; (b) positive changes in motivation; (c) academic progress; and (d) gains in measured intelligence.

Comparative Gains on the Outcome Index

It was hypothesized that gain scores of Experimental subjects would be significantly higher than those of Control subjects on the Outcome Index when age, sex and amount of supplementary services are controlled (Hypothesis 1). The statistic used was analysis of covariance with the Outcome Index as the criterion variable and age, sex and supplementary service the covariants.

Table 9 presents the analysis of covariance for Outcome Index scores. The means and standard deviations of the control variables, and the adjusted means and standard deviations of the Outcome Index for the Experimental and Control groups are shown in Table 10. Differences between the mean index scores for the Experimental and Control subjects were not statistically significant and Hypothesis 1 was not supported.

In connection with Hypothesis 1, another question was examined: Is there a significant relationship between age, sex of subjects or the amount of supplementary services received and therapeutic success as measured by the Outcome Index for the combined groups? Table 11 presents the data relevant to this question. Pearson-Product Moment correlations between age, amount of supplementary services received and the Outcome Index were close to zero; none were significantly related to therapeutic success. The correlation for sex ($N = -.18$), which approached significance, suggested greater progress for girls than boys in the program. However, in view of the small sample of girls in the study, no conclusions as to sex differences seem warranted.

Considerable group disparity existed in terms of supplementary services received. Mean ages also differed significantly. However, neither of these variables appeared to have a differential effect on case success as measured by the Outcome Index.

Table 8

INTERVENING TIME BETWEEN PRE- AND POST-TESTING FOR EXPERIMENTAL AND CONTROL SUBJECTS

	Experimental			Control		
	Mean	S.D.	Range	Mean	S.D.	Range
Days	136	26	79-186	131	23	84-184
Weeks	19.4	3.8	11-27	18.7	3.3	12-26

Table 9

ANALYSIS OF COVARIANCE FOR OUTCOME INDEX SCORES (ADJUSTING FOR THE EFFECTS OF AGE, SEX AND AMOUNT OF SUPPLEMENTARY SERVICE RECEIVED)

Source of Variation	Sum of Squares	df	Mean of Squares	F	P
Outcome	4.81	1	4.81	0.02	-
Subtests (within)	1734.80	70	24.79	---	
Total	1739.61	71			

Table 10

MEANS AND STANDARD DEVIATIONS OF CONTROL VARIABLES, AND ADJUSTED MEAN AND STANDARD DEVIATION OF THE CRITERION VARIABLE FOR EXPERIMENTAL AND CONTROL SUBJECTS (N=74)

	Experimental			Control		
	S.D.	Original Mean	Adjusted Mean	S.D.	Original Mean	Adjusted Mean
Control Variables						
Age	1.44	9.24	-	1.55	10.34	-
Sex[a]	0.44	0.76	-	0.42	0.78	-
Supplementary Services Received	0.16	0.03	-	0.48	0.35	-
Criterion Variable						
Outcome Index Score	5.30	101.19	101.44	5.19	100.57	100.32

[a] Experimental - Boys (28); Girls (9)
Control - Boys (29); Girls (8)

Table 11

INTERCORRELATIONS BETWEEN AGE, SEX, AMOUNT OF SUPPLEMENTARY SERVICE RECEIVED AND OUTCOME INDEX (N=74)

Variable	Coefficents of Correlation			
	X1	X2	X3	Outcome Index
Age	-	.25	.26	.06
Sex		-	.10	-.18
Amount of Supplementary Services Received			-	.07

Comparative Gains on Individual Measures

Despite the fact that no significant differences were evident between Experimental and Control subjects on the composite criteria of success, it is of interest to compare gains on the specific measures of behavior, motivation, academic achievement and mental efficiency.

Reduction in Behavior Problems

It was predicted that Experimental subjects would manifest greater improvement than Control subjects on the basis of reduction in behavioral problems as judged by teachers (Hypothesis 1a). The statistic used to test the hypothesis was analysis of covariance of the post-test scores on each of the Problem Checklists with the pre-test scores as the covariant.

Table 12 shows the covariance analysis for the Quay-Peterson Problem Checklist and Table 13, a comparison of the pre- and post-test scores. In addition to the total problem behaviors checked, the mean number of items checked for each problem behavior category are given.

The F value of 1.34 indicates that the total score means of the two groups did not differ significantly. Neither were the F values significant for difference between means on the factor scores.

Table 14 presents the covariance analysis for the Interpersonal Adjective Checklist. Again, the F value of 0.06 was nonsignificant. The mean scores of the two groups on the checklist are shown in Table 13. No support was found for Hypothesis 1a.

Constructive Motivational Change

It was predicted that Experimental subjects would manifest more constructive changes in motivation than Control subjects on the basis of the Picture Projective Test (Hypothesis 1b). To test this hypothesis, pre- and post-test scores for the two groups were compared on the Picture Projective Test, using four separate scoring systems: Arnold's Motivation Index, achievement need, affiliation need, and interpersonal needs (dominance and affiliation). The statistic used in all cases was analysis of covariance of the post-test scores with the pre-test scores as the covariant.

Tables 15 through 19 present the covariance analyses for the Motivation Index, need achievement, need affiliation, the Dominance Index and the Affiliation Index, respectively. Table 20 shows the mean scores of the two groups for each of the scoring systems.

Table 12

COVARIANCE ANALYSIS OF THE QUAY-PETERSON PROBLEM BEHAVIOR CHECKLIST

Variable	Source of Variance	df	SS	MS	F[a]
Factor I (Conduct Disorder)	Experimental vs. Control	1	6.56	6.56	0.55
	Error	69	816.36	11.83	
Factor II (Personality Problem)	Experimental vs. Control	1	1.30	1.30	0.23
	Error	69	389.92	5.65	
Factor III (Inadequacy-Immaturity)	Experimental vs. Control	1	0.04	0.04	0.02
	Error	69	169.03	2.45	
Factor IV (Socialized Delinquency)	Experimental vs. Control	1	0.54	0.54	1.18
	Error	69	31.65	0.46	
Factor V (Other items)	Experimental vs. Control	1	4.27	4.27	1.96
	Error	69	150.53	2.18	
Total	Experimental vs. Control	1	1062.62	1062.62	1.34
	Error	69	54711.06	792.91	

[a] An F of 3.98 necessary for significance at .05 level of probability (df = 1,70)

Table 13

COMPARISON OF MEAN SCORES OF EXPERIMENTAL AND CONTROL SUBJECT ON PROBLEM BEHAVIOR CHECKLISTS

Test	Variable	Group	Pre-Test Mean	Post-Test Mean	Adjusted[a] Mean
Quay-Peterson Problem Behavior Checklist	Factor I Conduct Disorder	Experimental	6.31	6.53	6.54
		Control	6.33	5.94	5.93
	Factor II, Personality Problems	Experimental	5.64	5.64	5.46
		Control	5.19	5.00	5.19
	Factor III, Inadequacy-Immaturity	Experimental	3.42	3.36	3.37
		Control	3.44	3.33	3.24
	Factor IV, Socialized Delinquency	Experimental	0.25	0.47	0.53
		Control	0.42	0.42	0.36
	Factor V, Other Items	Experimental	3.33	3.08	2.79
		Control	2.78	3.19	3.38
	Total	Experimental	18.67	19.08	20.67
		Control	18.17	17.89	16.30
Interpersonal Problem Behavior Checklist		Experimental	23.61	21.31	19.78
		Control	19.25	17.61	19.14

[a] Post-test means adjusted on the basis of variance in pre-test means.

Table 14

COVARIANCE ANALYSIS FOR THE INTERPERSONAL ADJECTIVE CHECKLIST

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	7.49	7.49	0.06
Error	69	8802.78	127.58	

Table 15

COVARIANCE ANALYSIS FOR THE ARNOLD MOTIVATION INDEX

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	346.01	346.01	0.65
Error	70	37536.98	536.24	

Table 16

COVARIANCE ANALYSIS FOR NEED ACHIEVEMENT

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	174.10	174.10	4.46*
Error	71	2769.33	39.00	

* $P < .05$

Table 17

COVARIANCE ANALYSIS FOR NEED AFFILIATION

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	0.35	0.35	0.09
Error	71	267.73	3.77	

Table 18

COVARIANCE ANALYSIS FOR INTERPERSONAL NEED (DOMINANCE INDEX)

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	37.07	37.07	4.00*
Error	71	658.35	9.27	

* $P < .05$

Table 19

COVARIANCE ANALYSIS FOR INTERPERSONAL NEED (AFFILIATION INDEX)

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	20.40	20.40	1.23
Error	71	1176.25	16.57	

Table 20

COMPARISON OF MEAN SCORES OF THE EXPERIMENTAL AND CONTROL SUBJECTS ON MEASURES OF MOTIVATIONAL CHANGE

Variable	Group	Pre-Test		Post-Test		Adjusted[a]
		Mean	SD	Mean	SD	Mean
Motivation Index (Arnold)	Experimental	70.94	23.21	75.92	25.80	77.63
	Control	78.41	27.95	74.84	24.62	73.18
Need Achievement (McClelland)	Experimental	8.24	4.71	9.46	5.71	9.93
	Control	10.02	5.25	13.49	7.57	13.04
Need Affiliation (Atkinson)	Experimental	2.81	2.22	3.19	2.09	3.22
	Control	3.81	2.57	3.11	1.76	3.08
Interpersonal Need for Dominance (Leary)	Experimental	14.56	3.70	12.72	3.56	12.70
	Control	14.43	3.20	14.09	2.76	14.11
Interpersonal Need for Affiliation	Experimental	18.43	4.60	17.94	5.39	18.07
	Control	19.01	3.85	19.26	3.36	19.13

[a] Post-test means adjusted on the basis of variance in pre-test means.

2

The F value of 0.65 indicates that the means of the two groups for the Arnold Motivation Index did not differ significantly. Also the F values for need affiliation (F = 0.90) and interpersonal need (Affiliation) (F = 0.23) were nonsignificant.

In contrast, the F values for need achievement (F = 4.46) and interpersonal need (Dominance) (F = 4.00) were both significant at the .05 level of probability. Thus, when pre-test score differences were controlled, the gains of Control subjects in respect to achievement and dominance needs were significantly greater than for Experimental subjects.

Hypothesis 1b was not supported. In fact, one might conclude that the Control subjects showed more positive changes in motivation than Experimentals (i.e. toward greater achievement and dominance needs).

Gains in Academic Achievement

It was predicted that Experimental subjects would make significantly greater gains than Control subjects on measures of academic achievement (Hypothesis 1c). In this case, a separate analysis was made of gains on all measures of academic progress--grade point average, reading achievement and arithmetic achievement test scores.

Tables 21-23 present the covariance analyses to test for significant differences in the post-test means on the three measures of academic progress, with the pre-test scores as the covariant. The F values in all three cases were nonsignificant and the hypothesis was not supported. The mean scores on the three measures are presented in Table 24.

Gains in Measured Intelligence

It was predicted that Experimental subjects would make significantly greater gains in measured intelligence than Control subjects (Hypothesis 1d). Again, the statistic used to test the hypothesis was analysis of covariance of the post-test scores with the pre-test scores as the covariant.

Table 25 shows the covariance analysis and Table 26 the mean scores of the two groups on the measures of intelligence. The F value is nonsignificant, and it is evident that the overall gains in I.Q. for both groups were minimal. Hypothesis 1d was not supported.

Table 21

COVARIANCE ANALYSIS FOR GRADE POINT AVERAGES

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	.56	.56	3.16
Error	70	12.34	.18	

Table 22

COVARIANCE ANALYSIS FOR READING GRADE SCORES

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	.04	.04	0.12
Error	71	24.38	.34	

Table 23

COVARIANCE ANALYSIS FOR ARITHMETIC GRADE SCORES

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	.35	.35	0.30
Error	71	83.63	1.18	

Table 24

COMPARISON OF MEAN SCORES OF EXPERIMENTAL AND CONTROL SUBJECTS ON MEASURES OF ACADEMIC ACHIEVEMENT

Variable	Group	Pre-Test Mean	Post-Test Mean	Adjusted[a] Mean
Grade Point Average	Experimental	1.49	1.40	1.37
	Control	1.47	1.56	1.55
Reading Achievement	Experimental	2.49[b]	2.84	3.26
	Control	3.32	3.73	3.32
Arithmetic Achievement	Experimental	3.25	3.67	3.95
	Control	3.86	4.17	4.00

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[a] Post-test means adjusted on the basis of variance in pre-test means.

[b] Scores for reading and arithmetic represent grade equivalent scores on achievement tests.

Table 25

COVARIANCE ANALYSIS FOR MEASURED INTELLIGENCE

Source of Variance	df	SS	MS	F
Experimental vs. Control	1	9.14	9.14	0.20
Error	71	3184.10	44.85	

Table 26

COMPARISON OF THE MEAN SCORES OF THE EXPERIMENTAL AND CONTROL SUBJECTS ON MEASURE OF INTELLIGENCE CHANGE

Variable	Group	Pre-Test Mean	Post-Test Mean	Adjusted[a] Mean
I.Q.	Experimental	100.24	101.05	101.29
	Control	100.92	102.24	102.00

Summary

Seventy-four children from grades 1-6 with learning and behavioral problems were assigned at random to an Experimental or Control group. Children in the Experimental group met for an average of 22 interviews (over a period of 18 weeks) with a Community Helper. Children in the Control group were assigned to other kinds of service if it were available. Thirteen were able to receive aid of some kind, either remedial reading (8) or counseling (5). The remaining 24 Control subjects received no special help during the course of the project. After approximately 18 weeks with the Community Helper, an Experimental subject was compared with his counterpart in the Control group on the basis of a composite index measuring behavioral, academic, motivational and cognitive progress. There was no statistical evidence that children in the Experimental group fared better than those receiving no treatment, or other kinds of treatment. No relationship appeared to exist between type and amount of service received and therapeutic success as measured by the combined index.

Children in the two groups were also compared in regard to gains on the four separate measures. No differences were evident when progress was assessed on the basis of reduction in behavioral problems, gains on reading and achievement tests, grade point average, or measured intelligence. Comparison of motivational change, as inferred from picture projective tests, revealed a significantly greater increase in achievement and dominance needs on the part of Control subjects. No differences were apparent in the relative strength of affiliation needs or "constructive motivation" as measured by the Arnold Motivation Index.

CHAPTER IV

RESULTS: RELATIONSHIP BETWEEN PERSONAL CHARACTERISTICS OF THE CHILDREN AND SUCCESSFUL OUTCOME

Data presented in the previous chapter did not support the program as an effective one for the total group of children assigned to community helpers. However, our question may be restated in terms of whether the program was effective for certain types of children or for certain types of children in interaction with certain types of community helpers. In the chapters to follow, we deal first with the relationship between the type and severity of behavioral disorders in the children themselves and success within the program. In Chapter V an analysis is made of certain personal characteristics of the community helpers and successful outcome. Finally, in Chapter VI we will examine the combination of child and community helper variables which, in interaction, appear to lead to a successful outcome.

Relationship between Severity of Behavioral Problems and Outcome

The clinical research literature suggests that no single therapeutic intervention is likely to be equally effective for children who vary in type and severity of behavioral disorder. It was anticipated that children would respond best to this program whose problems were most severe in the following areas:

> Emotional Immaturity--children oversheltered by parents and unprepared for realities of life outside the home; children who found it difficult to delay gratification and to share possessions with others.
>
> Withdrawal--children manifesting behavior which could be described as fearful, shy and isolated.
>
> Depression--children who cry easily, and who are unable to regard themselves as likeable and worthy of the attention and respect of others.

It was expected that the experience of a warm empathic relationship with a surrogate parent would most likely help children who manifested a relatively higher incidence of these kinds of behavioral problems.

In contrast, a positive relationship was not expected between incidence of aggressive and acting-out behavior and successful outcome. Social reinforcement generally has proven weak in its effect on hyperactive, unsocialized youth (Zigler and Kanzer, 1962; Johns and Quay, 1962).

In order to investigate these relationships, pretest scores on the different dimensions of the Quay-Peterson Behavioral Problem Checklist were correlated with the criteria for successful outcome. The three dimensions of behavioral disorder established by factor analytic studies for the Quay-Peterson are: *Factor I: Conduct Disorder*--aggression, overactivity, defiance, irresponsibility; *Factor II: Personality Problems*--self-consciousness, fearfulness, shyness, sadness; *Factor III: Inadequacy-Immaturity*--daydreaming, lethargy, and suggestibility.*

It was predicted there would be a significant positive correlation between the severity of Inadequate-Immature behavior and success in the program as measured by the Outcome Index (Hypothesis 2a).

It was predicted there would be a significant positive correlation between the severity of behaviors classified as Personality Problems and success in the program as measured by the Outcome Index (Hypothesis 2b).

In contrast, a significant relationship was not expected between successful outcome and severity of *Conduct Disorders*.

Although the composite index was employed as a success criterion for the major hypotheses, correlations were also calculated between types of behavioral problems and the other independent criteria of success: reduction in behavioral problems, increase in academic achievement, gains in achievement motivation (Arnold's Motivation Index), and gains in measured intelligence.

Table 27 presents the correlations between severity of disorder along each of the three behavioral dimensions and successful outcome. (Age and socioeconomic class correlations are also included in the table, none of which approach statistical significance).

There was a significant positive correlation between pretest scores on the Inadequacy-Immaturity dimension and the criterion index in support of Hypothesis 2a. There was also a significant positive correlation

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*Originally, the author hoped to classify children according to type of behavioral disorder. However, after examining the pretest scores on the Quay-Peterson checklist, it was evident children would not fall neatly into categories. Peterson (1969) also notes the ease of identifying dimensional traits but the difficulty of classifying individuals according to a discrete typology). The attempt was abandoned in favor of examining the relationship between the intensity of maladjustment along each of the three behavioral dimensions and successful outcome. In other words, the question now *is not* whether children labeled Inadequate-Immature are more successful than children labeled Conduct Disorder. The question *is* whether a child with a high score on the Inadequacy-Immaturity (or Conduct Disorder) dimension is more successful than the child with a relatively low score on the dimension.

Table 27

INTERCORRELATIONS BETWEEN PERSONAL CHARACTERISTICS AND SUCCESSFUL CASE OUTCOME FOR EXPERIMENTAL SUBJECTS (N = 37)

Subject Characteristics	Outcome Index	Reduction in Behavior Problems	Increase in Achievement Motivation	Gain in Academic Achievement	Gain in Measured Intelligence
Conduct Disorders	-.07	.31*	.04	-.21	-.24
Personality Problems	.26	.25	.24	.01	.01
Inadequacy-Immaturity	.32*	.38*	.06	.01	.10
Age	-.04	-.09	-.05	.14	.15
Socioeconomic Status	-.21	-.09	-.11	.21	-.19

* P < .05 (one tailed test r = .317)
(two tailed test r = .268)

between degree of Inadequacy-Immaturity and reduction in behavioral problems during the course of the program. However, no significant correlation existed with the other independent criteria for success.

None of the correlations between pretest scores on the Personality Problems dimension and successful outcome were significant beyond chance expectations. Hypothesis 2b was not supported.

No relationship existed between pretest scores on the Conduct Disorder dimension and the composite measure of success. Correlations with gains in academic achievement and measured intelligence also were nonsignificant but in a negative direction (r of -.21 and -.24, respectively). However, there was a significant positive correlation with reduction in behavioral disorders. Thus, the more aggressive and disruptive the child, the greater the reduction in total behavioral problems as a result of the program. The greater variability of correlations between pretest scores on this dimension and the separate success criteria is worth noting, in contrast to the Inadequacy-Immaturity dimension. The correlations between severity of Conduct Disorder and gains in academic skills and measured intelligence were negative, approaching significance, whereas correlations with these criteria for the latter were positive, although not significant.

Thus, on the basis of the overall index of success, children in the Experimental group with relatively high scores on the Inadequacy-Immaturity dimension appeared to respond better to the program than children with low scores on this dimension. It was anticipated that the program, as structured, would be helpful in varying degrees for children depending upon the type and degree of behavioral disorder manifested. The prediction that all children would not respond equally well to the program was supported by the data.

Comparative Improvement of Experimental and Control Subjects in Relation to Type and Severity of Behavioral Problems

As further evidence of differential response to the program, it is of interest to compare the correlations between type and severity of behavioral problems and successful outcome for the children in the experimental program and the children receiving no treatment or other kinds of treatment.*

In regard to pretest scores on the Inadequacy-Immaturity dimension for both groups, a significant positive correlation with the outcome index was found for the experimental but not the control subjects.

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*It is important to note that the pretest means and standard deviations on these three factors did not differ significantly for the two groups (See Table 13).

Table 28

SIGNIFICANT DIFFERENCES BETWEEN CORRELATIONS FOR THE EXPERIMENTAL AND CONTROL GROUPS

	Outcome Index			Reduction in Behavior Problems			Increase in Achievement Motivation			Gains in Academic Achievement			Gains in Measured Intelligence		
	E	C	P[a]	E	C	P	E	C	P	E	C	P	E	C	P
Factor I Conduct Disorder	-.07	.30*	<.05	.31*	.31*	-	.04	.28*	-	-.21	.10	<.10	-.24	-.04	-
Factor II Personality Disorders	.26	-.08	<.10	.25	-.07	<.10	.24	-.07	<.10	.01	-.07	-	.01	.07	-
Factor III Inadequacy-Immaturity	.32*	.17	-	.38**	-.21	<.01	.06	-.03	-	.01	.33*	<.10	.10	.13	-

[a] P = probability that a difference as large or larger than this is due to chance alone.
*Sig. at .05 level
**Sig. at .01 level

Although the difference in these correlations is not statistically significant, the difference in correlations for reduction in behavioral problems is dramatically so. For experimental subjects, there is a significant positive correlation; for control subjects having high scores on this dimension, the correlations are negative, approaching significance. The difference between the two correlations is significant at the .01 level of confidence. Thus, in the judgment of teachers, experimental subjects who were the most immature and inadequate in their behavior tended to make the most improvement in the Community Helper Program, especially in regard to overall reduction in behavioral problems, whereas the Control subjects with high scores on this dimension failed to progress--they did, in fact, tend to show an overall increase in behavioral problems.

None of the correlations between Personality Disorder and outcome criteria are significant for either the Experimental or Control subjects, although the difference in correlations in favor of the Experimental subjects suggests that the more disturbed the child on this dimension the more likely he will improve in the experimental program as opposed to no treatment or other kinds of treatment.

In the case of children in the two groups with high scores on the Conduct Disorder dimension, it is interesting to note the positive correlation for Control subjects with the Outcome Index and the negative correlation for Experimental subjects. The difference in these correlations, significant at the .05 level, suggests that the child with a higher incidence of disturbance on this dimension is apt to fare better with no treatment or other kinds of treatment than by placement with a Community Helper.

Summary

The Community Helper Program proved most effective for children manifesting a high frequency of immature and inadequate behavior (e.g., the most passive, suggestible, sluggish, preoccupied). The evidence was not conclusive in regard to children with severe "Personality Problems" (e.g., the most depressed, isolated, fearful). Scores of children in the Experimental group on this dimension were correlated positively with most of the success criteria, and their correlations were consistently higher than those for subjects in the Control group, but the difference in correlations ($p < .10$) was not statistically significant.

In contrast, it was evident that subjects with severe "Conduct Disorders" (e.g., the most aggressive, defiant) fared equally well with no treatment, or other kinds of treatment, as from placement in the experimental program. The social reinforcement offered by volunteers was not effective in changing the behavior of individuals with severe conduct disorders.

Age and social class differences did not have a significant effect on the progress of children within the program.

CHAPTER V

RESULTS: RELATIONSHIP BETWEEN PERSONAL CHARACTERISTICS OF THE VOLUNTEERS AND SUCCESSFUL OUTCOME

Another goal of the study was to obtain data on certain personal attributes of the volunteers and to investigate their relationship to progress of children within the program. What kind of therapeutic conditions can be provided by untrained volunteers working with elementary school children who experience behavioral and academic difficulties? Are therapeutic conditions such as "nonpossessive warmth" and "accurate empathy" related to the child's progress? Are certain attitudinial dispositions ("open-mindedness") related to successful case outcome? Are differences in the age or socioeconomic status of the helpers related to success? Empirical data on such questions might suggest more discriminating methods of selecting community volunteers for this particular type of program.

This chapter will consider, in sequence: (a) the therapeutic conditions provided by community helpers and their correlation with successful outcome; (b) the correlation of traits of "open-mindedness" in the helpers and successful outcome; (c) the correlation of other helper characteristics such as age and socioeconomic status with success of children in the program.

Therapeutic Conditions Provided by Community Helpers

Preliminary topics in this section include the reliability of ratings of helper-child interviews; the means, range and variability of ratings; the stability of rated conditions in the interviews; and the intercorrelation between the two scales of therapeutic conditions provided by the helpers and successful case outcome.

Reliability of Interview Ratings

The score given to an interview on the two rated variables (nonpossessive warmth and accurate empathy) consisted of the total score from nine rated interview segments (three judges each rated three segments). Before combining scores, however, it was necessary to determine the interjudge reliability for each of the scales. Pearson-Product-moment correlations were computed from the sums of the ratings for each interview of each judge. Hence, the basic unit of analysis became the total interview rather than a single segment.

Reliability coefficients between Judge I and III on nonpossessive warmth were very high ($r = .94$), indicating they came very close to perceiving and evaluating the interviews in the same manner. Judge II also agreed at an acceptable level ($r = .56$, $r = .54$) with each of the other two raters. Coefficients were changed to Fisher's Z scores, averaged, and changed back to correlation coefficients. The mean correlation coefficient for rated nonpossessive warmth was .75. The judgments of the three raters were pooled for all further analyses.

Reliability coefficients between judges on accurate empathy were similar to those for nonpossessive warmth. Judges I and III agreed highly ($r = .92$) while Judge II agreed but to a lesser extent ($r = .53$, $r = .59$) with the other two. Coefficients were changed to Fisher's Z scores, averaged, and transformed to correlation coefficients. The mean correlation coefficient for rated accurate empathy was .74. Again, the judgments of the three raters were pooled for further analysis*

Means, Range and Variability of Ratings

The means, range and variability of ratings for each of the two scales used in this study are compared in Tables 29 and 30 with data from the University of Wisconsin study in which trained psychotherapists were used (Rogers, et. al., 1967). Table 29 presents the comparative percent of ratings for each stage of the nonpossessive warmth scale. Explanation of each stage is found in Appendix F. The higher stages represent higher levels of rated nonpossessive warmth. For trained therapists, the bulk of the rated segments fell into the top three stages. Stage III was most often rated (45%). Only 8% of the segments fell within stages I and II. Stage III was also rated most often in the present study. However, 43% of the ratings fell at lower scale points with only 17% at levels IV and V. In the present study, the mean rating scores for both early and later interviews was 2.6 suggesting that, as a group, community helpers did not change their level of nonpossessive warmth from early to late interviews, as happened with trained therapists in the Wisconsin study. As judged by raters, community helpers tended to provide relatively low levels of nonpossessive warmth when compared with the trained therapists involved on that study.

The Wisconsin and the present study used the same scales to measure accurate empathy. Table 30 presents the percent of ratings for each stage of this scale for community helper and the trained therapists. Appendix F contains the detailed explanation of each stage. The higher numbers indicate higher levels of accurate empathy. In the Wisconsin study, ratings cover nearly the full range of the scale and center at the natural midpoint, stage V, suggesting that the therapists usually had a fairly accurate awareness of the client's feelings. In contrast, 79% of the ratings for community helpers fell below the midpoint. Stages VIII

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*Another therapeutic condition ("genuineness") was included in the original analysis, but it was impossible for judges to agree in rating this variable. Raters commented that it was difficult to measure because helpers so seldom expressed their own feelings. Because of the lack of agreement, it was excluded from further analysis.

Table 29

PERCENT OF RATINGS ASSIGNED TO EACH STAGE OF THE NONPOSSESSIVE WARMTH SCALE--A COMPARISON OF COMMUNITY HELPERS WITH TRAINED THERAPISTS

	Scale Stages				
	I	II	III	IV	V
Community Helpers	13	30	39	14	3
Trained Therapists, Wisconsin Study	2	6	45	29	19

Table 30

PERCENT OF RATINGS ASSIGNED TO EACH STAGE OF THE ACCURATE EMPATHY SCALE--A COMPARISON OF COMMUNITY HELPERS WITH TRAINED THERAPISTS

	Scale Stages								
	I	II	III	IV	V	VI	VII	VIII	IX
Community Helpers	11	26	23	19	14	7	1	0	0
Trained Therapists, Wisconsin Study	1	2	15	17	45	13	6	1	0

and IX were never used. The mean score of 3.3 suggests that the community helpers were providing relatively low levels of rated accurate empathy when compared with therapists in the Wisconsin study.*

The data suggest that, on the average, community helpers were providing lower levels of the two therapeutic conditions than were the trained client-centered psychotherapists in the Wisconsin study. Community helpers and therapists were most alike in the provision of nonpossessive warmth and least similar in the level of accurate empathy.**

Stability of Rated Conditions

Correlation between nonpossessive warmth from early to late interviews was low and nonsignificant ($r = .12$). The relatively low correlation suggests either that this condition was not yet stabilized by the third or fourth interview or that community helpers were not consistent from one interview to another in the level of nonpossessive warmth provided. Truax et al. (1966) suggested that both client and therapist contribute to the initial level of nonpossessive warmth offered, while the therapist largely determines later levels. In any case, it would appear that the fourth interview was too early to predict the level of nonpossessive warmth helpers will provide in later interviews, and late rated interviews were used in the statistical analysis.

The correlation between accurate empathy from early to late interviews is somewhat higher ($r = .35$) but still accounts for a relatively small amount of variability. Rogers, et al. (1967) reported that rated accurate empathy became relatively consistent at about the eighth interview and remained so through the 15th interview. Evidence from the present study could be interpreted as supporting both hypotheses by Truax and Rogers. Truax suggests that early accurate empathy correlates higher with late accurate empathy than early nonpossessive warmth with late nonpossessive warmth because it is more under the direct control of the helping person. However, the correlations are still low enough to suggest that stabilization has not yet been completed for either variable in this study. Ratings of accurate empathy during late interviews were used for statistical analysis.

Intercorrelations between the Two Scales of Therapeutic Conditions

Ratings of nonpossessive warmth and accurate empathy were taken for all helpers near the end of treatment and therefore reflect the same stages in the development of interpersonal relationship. A high correlation was found between these two conditions when rated in the same interviews ($r = .70$). This could lead to the interpretation that helpers providing a high level of one condition provide a high level of the other as well, both variables being related to a basic attitude of the individual. It is also conceivable that the two scales were not independent measures of the two different attitudes since the same judges rated individuals on both scales and could have been influenced by earlier ratings.

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*It should be noted, however, that other studies using trained therapists also report relatively low levels of rated accurate empathy (Bergin & Solomon, 1963; Melloh, 1964).

**It is unlikely that the rated differences between therapists and community helpers are a result of a different orientation on the part of raters, although this could be a factor.

A high correlation between the two conditions has been found in other studies. Using the same three relatively sophisticated raters for both scales, Halkides (1958) found an even higher correlation between accurate empathy and nonpossessive warmth ($r = .89$). Studies by Truax and Carkhuff (1966) indicate generally positive but lower correlations when using separate and relatively unsophisticated judges for each scale. Rogers, et al. (1967), using different undergraduate raters for each scale, obtained nonsignificant segment-by-segment intercorrelations among the two conditions. Evidently, more sophisticated judges tend to base their judgments on clinical inference, causing the correlations between the variables to rise. In addition, use of the same judges to rate more than one scale tends to increase the correlations and suggests a halo effect.

Because of the relatively high correlation between the two conditions for volunteers in the present study, scores on the two scales were combined (through a process of weighting them according to a ratio of the score to the maximum number of successes possible) for part of the statistical analysis to follow.

Correlations between Therapeutic Conditions and Successful Outcome

Table 31 presents the intercorrelations between the two types of therapeutic conditions rated in the late helper-child interviews and each of the five measures of positive behavioral change.

It was predicted that there would be a significant positive correlation between the level of nonpossessive warmth provided by helpers and success of children in the program, as measured by the Outcome Index (Hypothesis 3a). Table 31 shows that rated nonpossessive warmth was positively related to the Outcome Index ($p < .01$) thus supporting the hypothesis. It was also positively related to gains in academic achievement ($p < .01$) and reduction in behavior problems ($p < .05$). It was not significantly related to gains in achievement motivation or increase in intelligence test scores.

A significant positive correlation was also hypothesized between the level of empathic understanding provided by helpers and successful case outcome (Hypothesis 3b). Rated accurate empathy was positively related to the outcome index ($p < .05$), providing support for the hypothesis.

Table 31

INTERCORRELATIONS BETWEEN HELPER CHARACTERISTICS AND SUCCESSFUL CASE OUTCOME FOR EXPERIMENTAL SUBJECTS

Helper Characteristics	N[a]	Outcome Index	Reduction in Behavior Problems	Increase in Achievement Motivation	Gain in Academic Achievement	Gain in Measured Intelligence
Late-rated Nonpossessive Warmth	33	.40**	.32*	-.14	.41**	-.04
Late-rated Accurate Empathy	33	.32*	.16	-.14	.37*	.11
Dogmatism	33	.00	-.19	-.05	-.14	-.02
Age	37	.00	-.05	.16	.05	-.20
Socioeconomic Status	37	.06	.28	-.09	-.22	-.13

[a] The total N for Community Helpers was reduced to 33 for part of this analysis because of refusal by two helpers to complete the Dogmatism Scale and failure to obtain translatable audiotapes for other helpers.

* $P < .05$, one-tailed test ($r = .268$ for N of 37) ($r = .283$ for N of 33)
** $P < .01$, one-tailed test ($r = .371$ for N of 37) ($r = .392$ for N of 33)

Rated accurate empathy was also positively related to gains in academic achievement but not to gains in achievement motivation nor increase in measured intelligence. The relationship did not extend to reduction in behavioral problems as in the case of nonpossessive warmth.

In summary, it appears that the warmer and more empathic the helper in her relationship with a child (as rated by judges from audiotapes), the greater the success of a case in the treatment program. These therapeutic conditions were most strongly related to gains in academic achievement. By combining scores on the two scales (and weighting them according to a ratio of score to total number of possible successes on each scale) the correlation with academic gains (e.g. the average of reading and arithmetic test gains and grade point average gains) was .48. Exclusion of grade point average gains from the criterion score for achievement gains increased this correlation to .57. Thus, warmth and empathy seemed to be most strongly related to gains in scores on reading and arithmetic achievement tests.

No relationships were apparent between these rated therapeutic conditions and the two other separate measures of successful case outcome--achievement motivation and increase in intelligence test scores. Nonpossessive warmth was significantly related to reduction in behavior problems but accurate empathy was not related to gains on the criterion. By combining scores on the two scales to derive a composite warmth--empathy score, the correlation was not significant (r = .24).

In conclusion, it appeared that helpers, judged to provide high levels of nonpossessive warmth in later interviews with children, induced significant positive behavioral changes as reflected by gains in academic achievement and reduction in behavioral problems. Helpers providing high levels of accurate empathy in late interviews had a significant effect on academic achievement.

The Relationship of Dogmatism to Case Outcome

Scores for 33 helpers on the Rokeach Dogmatism Scale, Form E, ranged from 104 to 200 with a mean of 148.8 and a standard deviation of 20.0. No norms are available for the Scale on populations similar to the participants in the Community Helper Program. Comparision of the mean scores of the community helpers with mean scores for other groups (see Table 31) suggests that helpers scored somewhat higher on the Dogmatism Scale than students in Counselor training and American teachers in a summer school program.

Limited research involving counselors (Kemp, 1962; Stefflre, King, & Leafgren, 1962; Milliken & Paterson, 1967) suggests that the highly dogmatic person is unlikely to provide high levels of therapeutic conditions in the helping relationship. Highly dogmatic persons seem less naturally inclined to provide therapeutic conditions and adapt their behavior to the viscissitudes of the counseling situation.

Table 32

MEANS AND STANDARD DEVIATIONS ON THE ROKEACH DOGMATISM SCALE (FORM E) FOR COMMUNITY HELPERS AND OTHER GROUPS

Group	N	Mean	Standard Deviation
Community Helpers	33	148.3	20.0
NDEA Guidance and Counseling Institute students (Saltzman 1966)	30	130.6	----
American teachers in summer school (Rabkin, 1966)	107	132.2	22.5

Accordingly, it was predicted that there would be significant negative relationship between success of children in the program as measured by the Outcome Index and dogmatism on the part of helpers, as measured by Form E of the Rokeach Dogmatism Scale (Hypothesis 3c). Table 31 reports the intercorrelations between dogmatism and the five outcome indices used in the study. The dogmatism score correlated negatively with four of the five outcome indices. None, however, approached a significant level. The data fail to support the hypothesis.

Relationship between Helper's Age and Socioeconomic Status and Case Outcome

It was also of interest to explore the relationship of the chronological age and socioeconomic status of helpers and successful outcome. Table 32 reports the intercorrelations with the five outcome indices. None approach a significant level. Apparently age and socioeconomic status of helpers were not an important determinant of successful case outcome. However, the restricted range of scores on these variables, particularly SES, could influence the low correlations.

Summary

Two conditions for a successful therapeutic interview ("nonpossessive warmth" and "accurate empathy") were investigated in this study. It was possible for judges to reliably rate these conditions on audiotapes of interviews between helpers and children. Ratings on the stability of the two therapeutic conditions suggested that the fourth interview was too early to accurately assess the level of conditions the helper was able to provide. A later interview (second from the end) offered a more stable indicator of the level of conditions provided by the helper so this interview was used in the analysis. Since the two conditions were highly intercorrelated (r = .70), it permitted use of a combined score ("warmth-empathy") for part of the statistical analysis.

When ratings of the two therapeutic conditions for Community Helpers were compared to those for a group of client-centered therapists in another study, it was evident that the Community Helpers provided relatively lower levels of the two therapeutic conditions. Apparently the selection procedure utilized was not a very efficient one for identifying a total group of volunteers with the capacity for establishing warm and empathic relations with children.

Several specific helpers did, however, provide high levels of these conditions. Those capable of doing so were able to help children progress, in terms of the criteria for successful outcome used in this study. Gains were most evident on reading and arithmetic achievement tests under high levels of these therapeutic conditions. Also, in the presence of a high degree of nonpossessive warmth, an overall reduction in behavior problems occurred. The warmer and more empathic the helper in her relationship with a child (as judged from audiotapes of interviews), the greater the child's progress within the program.

The scores of the volunteers on a scale of dogmatism/openmindedness did not correlate with success of children within the program. Neither were age or socioeconomic status of the helpers related to successful case outcome.

CHAPTER VI

RESULTS: THE RELATIVE CONTRIBUTION OF SUBJECT AND HELPER VARIABLES TO SUCCESSFUL OUTCOME

In order to determine which combinations of subject and helper variables would best predict success of children within the program, multiple correlations were calculated between various teams of predictor variables and the success criteria. When the multiple correlations were significant and a causative relationship could be assumed, the relative contribution of the predictor variables to variation in the criterion variables was investigated.

Initially, nine predictor variables were included in the analysis. Four were helper variables: Warmth and Empathy (a combined score representing nonpossessive warmth and accurate empathy), Open-mindedness, Age, and Socioeconomic status. Five were subject variables: Age, Socioeconomic status, and the pretest scores on the three dimensions of the Quay-Peterson Behavioral Checklist--Conduct Disorder, Personality Problems, and Inadequacy-Immaturity. The criterion variables were the four measures of successful outcome: The composite index, reduction in behavioral problems, increase in achievement motivation, gain in academic achievement, and gain in measured intelligence.

The intercorrelations among the predictor variables are shown in Table 33 and the intercorrelation matrix for the five criterion variables are shown in Table 34. The correlations between each predictor and each criterion variable are presented in Table 35.

Table 33 reveals that none of the predictor variables are significantly related to each other. They would appear to be a set of reasonably independent predictors.

The criterion variables combined for calculation of the Outcome Index were also relatively independent measures. The correlations between the Outcome Index and the separate criterion variables is of interest (see Table 34). In all cases correlation coefficients were significant except for the measures of gain in academic achievement. The weighting of criterion variables No. 2 (Reduction in Behavioral Problems) and No. 3 (Increase in Achievement Motivation) in establishing the Outcome Index should have increased their correlation with that score. However, gains in measured intelligence (without weighting) were correlated higher with the Outcome Index than gains in achievement motivation. The nonsignificant relationship between gains in school achievement and the Outcome Index suggests that this criterion in particular warrants careful attention.

Table 33

INTERCORRELATIONS AMONG PREDICTOR VARIABLES[a]

Variables	1	2	3	4	5	6	7	8	9
1. Warmth and Empathy, Helpers		-.17	.06	-.01	-.28	.11	.03	.23	.23
2. Dogmatism, Helpers	-.17		.15	-.02	.16	-.14	-.15	-.09	.22
3. Age, Helpers	.06	.15		-.01	.29	-.01	-.30	-.14	-.03
4. SES, Helpers	-.01	-.02	-.01		.17	-.11	.13	-.09	.00
5. Conduct Disorders, Subjects	-.28	.16	.29	.17		-.02	.21	-.23	.21
6. Personality Problems, Subjects	.11	-.14	-.01	-.11	-.02		.23	.06	.01
7. Inadequacy Immaturity, Subjects	.03	-.15	-.30	.13	.21	.23		.16	.05
8. Age, Subjects	.23	-.09	-.14	-.09	-.23	.06	.16		.12
9. SES, Subjects	.23	.22	-.03	.00	.21	.01	.05	.12	

(r = .317 for $p < .05$)
[a]The table is symmetrical.

Table 34

INTERCORRELATION AMONG CRITERION VARIABLES[a]

	(1)	(2)	(3)	(4)	(5)
1. Outcome Index		.36*	.36*	.29	.34*
2. Reduction in Behavior Problems	.36*		.05	.02	.01
3. Increase in Achievement Motivation	.36*	.05		-.02	-.15
4. Gains in Academic Achievement (Arithmetic Reading and Grade Point Average)	.29	.02	-.02		.19
5. Gains in Measured Intelligence	.34*	.01	-.15	.19	

*$p < .05$ ($N = .317$ for $p < .05$)

[a] The table is symmetrical

Table 35

CORRELATION BETWEEN PREDICTOR AND CRITERION VARIABLES

Predictor Variables	N	Criterion Variables				
		Outcome Index	Reduction in Behavior Problems	Increase in Achievement Motivation	Gain in Academic Achievement	Gain in Measured Intelligence
Warmth and Empathy (Helpers)	33	.22	.24	-.04	.48**	.05
Dogmatism (Helpers)	33	.00	-.19	-.05	-.14	-.02
Age (Helpers)	37	.00	-.05	.16	.05	-.20
SES (Helpers)	37	.06	.28	-.09	-.22	-.13
Conduct Disorders, (Subjects)	37	-.07	.31*	.04	-.21	-.24
Personality Problems (Subjects)	37	.26	.25	.24	.01	.01
Inadequacy Immaturity (Subjects)	37	.32*	.38*	.06	.01	.10
Age (Subjects)	37	-.04	-.09	-.05	.14	.15
SES (Subjects	37	-.21	-.09	-.11	.21	-.19

*p < . 05

**p < . 01

The intercorrelations between predictor and criterion variables in Table 35 have already been discussed in Chapters IV and V. For the multiple correlational analysis, the ratings of helpers for nonpossessive warmth and accurate empathy were combined and the resulting rating (Warmth-Empathy) used as the predictor variable. Multiple correlation coefficients showing the maximum relationship between each of the criterion variables and an optimum linear combination of the predictor variables are summarized in Table 36. The beta weights for each predictor variable, given in the body of the table, are the weights to be applied to the standardized scores of the predictor variables. Hence, they are comparable and show the relative contribution of each predictor to the multiple correlation.

The multiple correlation between the Outcome Index and the nine predictor variables was nonsignificant. Only 31% of the variance of the Outcome Index scores can be accounted for by the variance of the predictor variables.

The multiple correlation between the nine predictor variables and the gain scores representing reduction in behavioral problems was significant. Forty-six percent of the variance on this dimension could be accounted for by variance in the predictor variables. Warmth and Empathy (Helpers) contributed significantly to variance of the criterion variable. Contributions of the other predictor variables to variance of scores on this criterion variable were negligible.

Multiple correlations of the predictor variables with gain score on achievement motivation, academic achievement and measured intelligence were nonsignificant and no casual relationship could be inferred. By reducing the number of predictor variables it was possible to obtain a significant multiple correlation for academic achievement. However, consideration of the beta weights revealed that variance in ratings on Warmth and Empathy (Helpers) made the major contribution to variance in achievement. Addition of the other predictor variables contributed very little.

Summary

Nine predictor variables were included in a multiple correlational analysis: Warmth and empathy, open-mindedness, age and socioeconomic status of the helpers, and age, socioeconomic status and scores on three behavioral dimensions (Conduct Disorder, Personality Problems and Inadequacy-Immaturity) for the subjects. None of the predictor variables were significantly intercorrelated.

The criterion variables were the four measures of successful outcome: the Composite Index, reduction in behavioral problems, increase in achievement motivation, gains in academic achievement and gains in measured intelligence. The criterion variables were also relatively independent measures.

Table 36

MULTIPLE CORRELATIONS AND BETA WEIGHTS

Predictor Variables	Criterion Variables				
	Outcome Index	Reduction in Behavior Problems	Increase in Achievement Motivation	Gain in Academic Achievement	Gain in Measured Intelligence
Multiple Correlations	.56	.68*	.34	.57	.38
Warmth and Empathy (Helpers)	1.58	2.53*	-0.33	2.08*	0.31
Dogmatism (Helpers)	1.15	-0.36	-0.13	-0.65	0.51
Age (Helpers)	0.31	-0.99	0.93	0.62	-0.66
SES (Helpers)	0.27	1.34	-0.43	-1.35	-0.65
Conduct Disorders (Subjects)	-0.43	0.41	-0.15	-0.73	-0.56
Personality Problems (Subjects)	1.13	1.35	1.16	-0.59	-0.16
Inadequacy Immaturity (Subjects)	1.90	0.97	0.46	0.50	0.53
Age (Subjects)	-0.76	-0.68	-0.25	-0.15	0.50
SES (Subjects)	-1.70	-1.63	-0.37	1.00	-1.10
R^2	.31	.46	.32	.40	.14
SE(Est.y)	±5.07	±8.63	±8.10	±9.73	±11.62
df	9,27	9,27	9,27	9,27	9,27
F	1.36	2.53	1.44	2.03	0.51
P	N.S.	$< .05$	N.S.	N.S.	N.S.

* $p < .05$

The only multiple correlation of statistical significance was between the nine predictor variables and the gain scores for reduction in behavioral problems. The major contribution to variance of this criterion variable was warmth and empathy on the part of community volunteers. Contributions of the other predictor variables were negligible. By reducing the number of predictor variables, it was possible to obtain a significant multiple correlation for gains in academic achievement. Again, however, warmth and empathy of helpers was the only significant contribution to variance in the scores of subjects on this variable.

CHAPTER VII

RESULTS: THREE CASE STUDIES

Three case studies were chosen to illustrate varying degrees of success for children assigned to the Community Helper Program. The cases include a description of the child, the helper, the activities they engaged in, and their relationship. Perhaps some hypotheses can be made from these individual studies about program variables which lead to a good helper-child relationship and a successful outcome. At least, the case histories give insight into possible reasons for the seeming lack of success in some instances.

For example, the first case discussed is that of Steve Arnold.* According to the program's outcome index, Steve's behavior did not improve during the program; he was a failure. Several possible explanations for this lack of improvement can be derived from a study of Steve's case history. It can be seen that he was a severely troubled boy at the outset of the program; his grandfather, who was quite close to him, died while the program was in progress; Steve's helper did not seem to have a good understanding of his needs--their relationship was judged to be lacking in warmth and understanding.

The second case discussed is that of Penelope Haines, who initially derived great immediate benefit from the helper program but who suffered a set-back at the time of the follow-up study (six months after the final helper-child meeting). Penny's initial progress and subsequent regression raises a question about the permanence of behavioral change resulting from the program.

The final case, that of Sandra Jones, was a successful one where the goals of the program were realized. Sandy matured a great deal during the program; she made measurable gains, socially as well as academically. At the time of the follow-up study, Sandy seemed to be functioning quite satisfactorily, apparently maintaining the progress made during the course of the program.

Hopefully, these three case histories will lend insight into the actual operation of the Community Helper Program. Through study of these representative cases, the strengths and weaknesses of the program may become more apparent and alterations and new applications stimulated.

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*Factual material has been modified to preserve the anonymity of the children and volunteers.

ILLUSTRATIVE CASE #1

Identifying Information

Name: Steve Arnold

Chronological Age: 6-10 (at time of referral)

Inclusive Dates of Assignment to the Program: 3/7/67 to 5/25/67 (22 sessions)

Sex: Male

Race: Caucasian

School Status: Steve was in the first grade when he was referred to the Community Helper Program. His school attendance had been regular. His grades were below average (C's and D's in academic subjects).

Reason for Referral

Steve was referred to the Community Helper Program by his teacher and the school psychologist. He was described as a continual discipline problem child who never finished his work. Steve required the constant attention of his teacher; he aggravated her in subtle ways--by tapping his desk or shuffling his feet--and in not-so-subtle ways--by leaving his chair or poking another child. He teased other children, often starting fights with them. His teacher tried many techniques of control and punishment ranging from quiet chats to whipping and isolation. The effectiveness of any one technique was short-lived at best. Steve was also described as a very moody boy, sometimes sullen and withdrawn.

Background Information

Family History. After Steve was accepted into the Community Helper Program, additional information about his family history was secured from the local Child Welfare Board. Steve's mother had had a record of truancy and petty larceny since her early teens; she delivered one illegitimate child before marrying Steve's father. Steve was the third child born to his mother and since his birth she had one child by his father (Steve had only a vague memory of this younger brother). Mr. and Mrs. Arnold lived together for only a short time after Steve's birth and the children were shifted in and out of foster homes and residential villages; the records indicate that Steve had seven placements in his first five years of life.

In March, 1965, Steve was placed in an agency foster home. He stayed here for only one month because his foster mother was "driven to bed with nerves by him." In this placement he was destructive and physically abusive to other children; he threw his food on the floor, left feces in his bed linen, and occasionally smeared the walls. He was then moved to a residential village where his behavior improved somewhat. However, he still had difficulty getting along with his peers and accepting discipline. In June, 1966, Steve and his older brother were moved to their paternal grandparents where they have remained to date. Steve's behavior seemed to improve with this placement although his grandparents remained quite concerned; they found him very difficult to control and punished him by locking him in closets or by threatening to send him back to the residential school. Steve grew especially fond of his grandfather who unfortunately died of a heart attack shortly after Steve began meeting with his Community Helper. Presently, Steve's grandmother is expressing doubts about her ability to continue caring for Steve.

Steve's parents have divorced, and each has remarried. His mother admitted that she did not care for her children emotionally and has not visited the boys since their placement with their grandparents. Steve's father does not appear to accept any responsibility for the boys although he visits them on occasion.

Previous Psychological Studies. Steve was first seen by a psychologist in May, 1965. This psychologist reported that Steve seemed "...grossly insecure, exhibiting fear of being destroyed." Steve saw himself as a bad boy and expressed and overwhelming need for acceptance and approval; he perceived both his parents as being rejecting. This psychologist believed that Steve had a "weakened ego" but was not psychotic.

Steve was again seen by a psychologist in February, 1967. His teacher suspected that he had an "emotional problem" (he had been a discipline problem all year), and had asked the advice of the school psychologist. Steve was found to be of average intelligence; his behavior problems were discussed in terms of his unfortunate early childhood and he was recommended for the Community Helper Program.

Community Helper Program

Descriptive Data on Community Helper. Steve was assigned to a Community Helper, Mrs. Vance, a 40-year-old housewife who had three children of her own, ranging in age from 7 ½ to 14. Mrs. Vance was active in school activities. She volunteered to meet with Steve twice weekly. Mrs. Vance was attending college classes and hoped to become a teacher; she said she felt that this experience would enrich her understanding of problem children and clarify her conception of behind-the-scenes school problems.

The Edwards Personal Preference Scale and the Rokeach Dogmatism Scale (Form E) were given to Mrs. Vance. The Edwards Personal Preference Scale is composed of 15 variables associated with 15 manifest needs.

Mrs. Vance's scores on each of the 15 variables were compared with the mean score of her helper group and the mean score of a normative sample.* Those variables on which she varied one standard deviation from the means of the two comparison groups were noted. Her scores were significantly above the means of both groups on the "Exhibition" and "Endurance" variables but below the mean on "Interception" and "Succorance". Interpreting this scoring pattern in terms of manifest needs, one would suspect Mrs. Vance to be a rather domineering woman who seeks personal gratification through the exhibition of her talents--perhaps at the expense of others. She may exhibit the quality of endurance and keep at a job even though it may seem that no progress is being made. Mrs. Vance is not likely to be highly introspective, seldom analyzing her own motives or trying to understand another's point of view and seldom interpreting other's acts in terms of the motives behind them. Mrs. Vance is probably reluctant to accept the help or advice of others. In summary, she appears to be an independent, resourceful individual, but one who seldom attempts to understand her own needs or the needs of others.

On the Rokeach Dogmatism Scale, Mrs. Vance had a score of 158. The mean score for this group of helpers was 148 and the standard deviation 19.99; thus, her test score was less than one standard deviation above the mean of her group. (A high score on this test is indicative of a high degree of "closed mindedness" or the possession of many dogmatic attitudes).

In order to assess other characteristics of the helpers and the helper-child relationships, some of the sessions were taped. Parts of these taped interviews (randomly chosen) were reviewed and evaluated by a team of three judges according to the Truax scales for empathy and warmth. The ratings of the three judges were averaged and each helper received a score for "empathy" (degree of empathic understanding) and a score for "nonpossessive warmth" (unconditional positive regard). Mrs. Vance had a "warmth" score of 20, which when compared to the group mean of 42.8 (S.D. = 12.4) was rather low. Thus, according to this scale Mrs. Vance did not exhibit a high degree of "unconditional positive regard" in her relationship with Steve.

On the degree of empathic understanding scale, Mrs. Vance's score of 11 was again far below the mean of her group. (Her score was the lowest of all the helpers in the program.)

Activities and Helper-Child Relationship. Mrs. Vance met with Steve from March 7, 1967, to May 25, 1967, a total of 22 sessions. She usually came to the school twice a week at a prescheduled time, picked Steve up in his room, and stayed with him for one hour. From Mrs. Vance's daily logs and the tape recordings of the meetings, it appears that she structured much of the activity and directed it toward school work (e.g. reading and arithmetic). Most of her gestures to include Steve in the planning of their activities were purely perfunctory. It also appears that Mrs. Vance did not attempt to conceal her disappointment when Steve did not perform up to her expectations. The following transcript of a taped session illustrates this phenomenon:

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*The normative sample consisted of 4,932 women from 48 states (Edwards, 1959).

Helper: Well, six plus what equals seven, Steven?

Child: I don't know.

Helper: Oh, yes, you do too know.

Child: It's not over here.

Helper: No, but it's right in front of you. One, two, three, four, five, six. He needs six. He has six, correct?

Child: Umhm.

Helper: All right. How many more does he have to add to six to get seven? Six plus what equals seven?

Child: Two, three, four, five, six, seven.

Helper: Steven, which one? I think you know that and you just pretend you don't know it. You think that's true? Huh? Do you think it's very nice to act like that when you really know it? Huh?

Child: No.

Helper: Then why do you do it, Steven?

Child: I don't know.

Helper: Huh? "I don't know?" Do you like to have....I know I keep after you. Do you like also to have your teacher after you all the time, Steven? Huh?

Child: No.

Helper: So wouldn't it be nice just to go ahead and answer when you really know the answer?

Child: Umhm.

Helper: Huh?

Child: Yes.

Helper: Yes, you'd get along better, wouldn't you?

Child: Umhm.

Helper: Hmm, or do you like to have people yelling at you all the time and bawling you out?

Child: No.

Helper: And say, "Steven, you know better"? Steve, would you rather say that's correct, Steven, I know you know the answer. What are you doing, getting lazy all of a sudden, hm?

Toward the end of the treatment period, both Mrs. Vance and Steve were given a check list to complete which assessed their relationship to one another. This relationship inventory was patterned after the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962). Both Steve and Mrs. Vance scored within one standard deviation of the mean of their respective groups. This suggests that they each viewed their relationship as satisfactory.

However, when Steve's inventory was analyzed in terms of subscores, it was evident that he had scored lowest on the subtest which assessed conditionality of regard; when taken into consideration with the other subtests, this could be interpreted to mean that he saw her as warm and accepting only under one circumstance--when he conformed to her expectations.

Evaluation of Outcome and Results of Follow-Up Studies. The effects of The Community Helper Program on Steve Arnold were evaluated from many points of view: gains in academic achievement as reflected in school grades and standardized test scores; behavioral changes evidenced in teacher check lists and verbal reports from the teacher and helper; increase in mental efficiency as reflected by intelligence test scores, and other information from thematic analysis techniques. Test batteries were administered prior to assignment to Community Helper (February, 1967), at the point of termination (May, 1967), and during the academic year following completion of the program (December, 1967). Test data are summarized in Table 37.

The test data provide little encouragement in Steve's case. Although gains in scores on achievement tests were slight, Steve's school grades did not appear to change significantly during the course of the program or the follow-up study; his I.Q. score also did not vary significantly.

Steve's Thematic Apperception Test (T.A.T.) was scored for achievement motive and affiliation motive using the McClelland and Atkinson scoring guidelines (Atkinson, 1958). The chronologically ordered achievement motive scores of +3, -1, and -8 (possible range: -8 to +88)

Table 37

RESULTS OF PRE-TESTS, POST-TESTS, AND FOLLOW-UP TESTS

Test	Pre-Test Feb., 1967	Post-Test May, 1967	Follow-Up Test Dec., 1967
School Grades			
Grade Point Average	1.7[a]	2.0	1.6
Achievement Tests			
Wide Range Achievement Test			
Reading	1.7[b]	1.9	2.0
Arithmetic	1.8	1.6	2.2
Intelligence Test			
Stanford-Binet, Form L-M	94	96	96
Problem Behavior Checklists			
Interpersonal Checklist	13[c]	14	75
Quay-Peterson Checklist	21	24	40

[a] Grade point equivalents for letter grades
A: 4 points
B: 3 points
C: 2 points
D: 1 point

[b] Grade level equivalents

[c] Frequency scores--items checked

indicate that during the time Steve was under the observation of the Helper Program his need for achievement decreased considerably. That is, his later stories contained fewer references to achievement--related topics. Steve's affiliation scores of 0 (possible range: 0 to 35) suggest that his need for affiliation remained at a very low level throughout the period; none of his stories reflected any concern for friends or companionship.

Steve's T.A.T. protocol was also assessed with regard to "interpersonal themes" using Leary's scoring guidelines (Leary, 1957). Leary classifies behavior into sixteen interpersonal variables which are then collapsed into the eight general categories employed in "interpersonal diagnosis." All three of his T.A.T. protocols were commonly saturated with details which were classified as self-effacing and masochistic (the follow-up protocol contained a greater number of these details). Thus, throughout, Steve's stories reflect his tendency to expect punishment; however, in his stories, this expectancy did not appear to deter the subject from committing the punishable act nor did he appear to experience guilt feelings. In general, Steve's follow-up protocol exhibited an increase in pathological tendencies; his later stories contained fewer instances of leadership, success, acceptance of authority, trust, collaboration and affiliation, but instead included more instances of aggression, hostility, rebellion, distrust and sadness.

From the results of the teacher check lists, Steve's behavior did not improve during the period of treatment. In fact, the follow-up scores suggested a grave increase in occurrence of unacceptable behavior. Interviews were held with Steve's teachers and both felt strongly that Steve's problem was quite serious and coupled with his unfortunate home environment, warranted his placement in a school for emotionally disturbed children. The interviews revealed an interesting opinion held by Steve's teachers; they had noticed a remarkable improvement in Steve's behavior after his initial meetings with Mrs. Vance in February, but noted that the death of Steve's grandfather in April marked the beginning of a downhill trend in Steve's behavior. Thus, they attributed much of Steve's problem to the untimely death of a relative of whom Steve had been very fond.

His teachers felt that, in general, the program had helped Steve. They believed that he had needed a supportive relationship with an adult but they further believed that Steve needed much more help than could be afforded by the biweekly visits of a layman; they recommended intensive therapy in a special setting. The school psychologist who saw Steve during the follow-up period agreed with the teachers and reported, "He appeared to exhibit many characteristics of emotionally disturbed children who are somewhat out of touch with reality." The report concluded "...if the present home situation is allowed to continue, it is unlikely that he will be able to continue his public school attendance for more than a short time."

Steve's helper, Mrs. Vance, was asked to complete a summary report describing her feelings about the program and her work with Steve. In this report she stated, "I feel that I was not really able to help the child as much as I hoped to when I started out....I knew that any help that I could give Steve would be a long-range type of thing, but I wonder if anything was accomplished." At the final conference with the program coordinator, Mrs. Vance confided that, at times, she felt as if she were fighting a losing battle; Steve's grandmother was now his sole guardian and she was threatening to send him back to the residential school for problem children; the home problems and Steve's emotional problems seemed so overwhelming that Mrs. Vance felt that she had been relatively ineffective.

ILLUSTRATIVE CASE #2

Identifying Information

Name: Penelope Haines

Chronological Age: 10-0 (at time of referral)

Inclusive Dates of Assignment to the Program: 1/11/67 to 4/17/67 (26 sessions)

Sex: Female

Race: Caucasian

School Status: Grade 4

Reason for Referral

Penelope was referred for psychodiagnostic study by her teacher who described her as being a "sweet-natured" child but one who seemed to be very tense. In class Penny became easily confused and could not comprehend simple assignments. At one time Penny told her teacher that she got so nervous she could not think. The psychologist who examined Penny reported: "Penny has shown tension, anxiety, withdrawal and need for special attention...." He also noted that during the testing, "Penny was ....generally quiet, shy, tense or anxious, and evidenced a poor self-concept."

At the time of this initial evaluation, Penny's grades were quite poor, generally D's and F's.

After a conference with Penny's parents and her teacher, it was decided to refer her to the Community Helper Program; if no progress was seen, Penny was to be reevaluated and another treatment procedure prescribed.

Background Information

History of the Problem. Penny's kindergarten teacher described her as being a "slow student" and observed that she stammered during the second semester. This teacher felt that there might be some emotional problem underlying her academic and behavioral difficulties; she also commented that Penny's mother seemed over-anixous about her child's academic progress and was embarrassed to be called in for conferences. Penny repeated the first grade and was described by the first grade teacher as immature. She was frequently absent from school. In the second grade, Penny's teacher described her as "nervous", but stated that Penny became more interested in school as the academic year progressed. In the third grade, Penny was described by her teacher as quiet, timid, nervous, and in great need of special attention and encouragement. Absenteeism was a problem and poor effort was noted in her school work, but with the exception of Penny's initial year in the first grade, her grades generally have been average or slightly below average.

Family Environment. Penny lives at home with her father and mother (ages 38 and 34, respectively), a 17-year-old brother and a 7-year-old sister. Penny's father is a laborer at a local ceramics company; her mother is currently a housewife but is thinking about taking a job in a near-by village. The children seem to quarrel quite a bit, but in general, no outstanding family problems were reported. The parents seem interested in the children and are concerned about Penny's school work. In a parent conference, Mrs. Haines said she recognized Penny's shyness and lack of self-confidence; however, Mrs. Haines did not seem to have any idea how to deal with the problems.

Previous Psychological Studies. Penny was seen by a school psychologist in November, 1966; her teacher was concerned about Penny's nervousness and inability to understand simple classrooom directives.

The results of the psychological examination indicated that Penny was functioning toward the low end of the dull normal range of intelligence; she exhibited an erratic pattern in sub-test scores on the WISC. The psychologist felt that Penny's test behavior was negatively influenced by her shyness and anxiety. He believed that placement in the Community Helper Program would be of value to Penny and recommended it as an immediate source of assistance.

Medical History. Penny's mother reported that at the age of eight to nine months, Penny had a fever of 109 degrees with attendant convulsions; she was hospitalized for one week. Mrs. Haines also remarked that Penny developed rashes when she became especially tense, anxious or nervous; she has had this problem since first attending school.

Community Helper Program

Descriptive Data on Community Helper. Penny's Community Helper, Mrs. Thompson, was a 37-year-old housewife with two children (ages 9 and 11) of her own. She was recommended to the Community Helper Program by the school administration; she was known to be active in P.T.A. work and in local civic organizations. Mrs. Thompson met with Penny twice a week for thirteen weeks (1-11-67 to 4-17-67).

The Edwards Personal Preference Scale and the Rokeach Dogmatism Scale (Form E) were given to Mrs. Thompson. The Edwards Personal Preference Scale is composed of 15 variables associated with 15 manifest needs. Mrs. Thompson's scores on each of the 15 variables were compared with the mean score of her helper group and the mean score of a normative sample (Edwards, 1959). The variables on which she varied more than one standard deviation from the mean were noted. Mrs. Thompson scored one standard deviation below the group mean in "achievement", "exhibition", and "autonomy" while she scored at least one standard deviation above the mean in the areas of "succorance", "nurturance", and "abasement". This tends to present a picture of a helper who perceives herself as warm, supportive, and enjoying individual contacts but who defends against feelings of success, autonomy or exhibition.

Administration of the Rokeach Dogmatism Scale (Form E) yielded a score of 136. The mean score on the Rokeach Dogmatism Scale for this group of helper was 148 with a standard deviation of 20. Thus, Mrs. Thompson's score places her considerably below the total sample of helpers indicating a comparatively higher degree of "openmindedness" in her interpersonal relationships.

In order to gain a better understanding of on-going activites and helper-child interaction, several of the meetings were taped. Parts of these taped interviews were randomly selected, reviewed and scored by a team of three judges according to the Truax Scales((Truax and Carkhuff, 1961, 1962). The ratings of the three judges were averaged and each helper received a score for "empathy" (degree of empathic understanding) and a score for "nonpossessive warmth" (unconditional positive regard). Mrs. Thompson had a "warmth" score of 50 and an "empathy" score of 35. The helper group mean for warmth was 42.8 (S.D. = 12.4) and, for empathy, 29.45 (S.D. = 9.48). Thus, according to these scales, Mrs. Thompson exhibited a relatively high empathic understanding and unconditional positive regard in her relationship with Penny, when compared with other Community Helpers in the program.

Activities and Helper-Child Relationship. Near the termination of the treatment period, Mrs. Thompson and Penny were provided with a check list which assessed their relationship. This relationship inventory was patterned after the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962). The obtained scores of 21 and 19 for child and helper, respectively, place them very high in their perception that the relationship was characterized by warmth and acceptance. The mean score for this group of helpers as rated by the children was 15.91 with a standard deviation of 4.13. Thus, the obtained score of 21, the second highest score in the entire sample, indicates Penny's perception of her helper as an accepting person. Mrs. Thompson's self-rating of 19 was near the mean of 18.6 for this group of helpers. When the inventory was analyzed into subscores, it was evident that Penny scored her helper lowest on the subtest which assessed conditionality of regard. When taken into consideration with the other subtests, this could be interpreted to mean that Penny experienced her helper as warm and accepting but to a greater degree when she conformed to the helper's expectations. However, even though Penny scored her helper lower on this particular subtest, the score was still above the mean score of the other helpers.

Penny was described by her helper, Mrs. Thompson, as a "lovable" but "shy, nervous, jumpy and anxious child" with poor reading skills. Initial activities between the helper and the child focused upon the exploration of the student's interests and reading skills. Materials utilized included magazines, crossword puzzles, books and games; at times the helper would bring materials which Penny could take home. Accordingly to Mrs. Thompson, Penny "loves for someone to listen" and she often listened while Penny talked about her home, family and pets.

The following exerpt from a taped helper-child conversation may better serve to described their relationship.

Child: Today I got an "A" on math.

Helper: Oh, good. You can't do any better than getting an "A".

Child: Yeah, but on division I missed one. I forgot to put my division mark.

Helper: I wonder what teacher you're going to have next year.

Child: I think I, I like Mr.______ ; I like him.

Helper: Yeah, he is nice, uhhuh.

Child: I like him.

Helper: Uhhuh.

Child: I just hope I get him. I wish you were a teacher.

Helper: Oh, well, one thing....I wouldn't have the patience....and another thing, I don't have the training.

Child: You'd make a good teacher.

Helper: Oh, I don't think so. I don't think so. I'd get awfully impatient and angry. Whole bunches of kids. One nice little one is a whole lot different from a roomful of kids, do you know that?

Child: Yeah, and ah, in writing I made a "B-".

Helper: Did you? Good. You're going to pass with flying colors, aren't you?

Child: Hm.

Helper: Bet your mother's going to be real proud of you.

Child: My Mom, she says....and in spelling I got an "A" ah....

Helper: Good.

Child: My Mom is so proud of me. We're supposed to go up to 32 and I made 22.

Helper: Oh, I know Mrs. Stanley has just been very pleased.

Child: My Mom said if I keep on doing this good, I might get a couple of dollars.

Helper: Oh, hm.

Child: My Uncle Joe....last time he promised me that he'd give me a dollar and he did if I passed....in second grade....and I did.

Helper: Well, you won't have any trouble passing this time, will you?

Child: If I keep on...on the ball.

Helper: Well, don't you think it's a lot more fun and a lot easier now that you're reading so much better?

Child: Yeah.

Helper: That makes it a lot easier, doesn't it, when you can read better?

Child: Yeah.

From the approximate midpoint of these meetings to the point of termination, Penny continued to progress academically and socially and somewhat less attention was focused upon reading or formal academic work in the session with Mrs. Thompson. Games such as scrabble, checkers, puzzles, fortune telling and a trip to a shopping center consumed a major portion of their time. Toward the latter part of the treatment period, it became obvious that a good relationship had been established. Penny's verbal productivity increased, and, seemingly, ease of communication was enhanced and topics of a personal nature were frequently introduced. Penny also expressed the desire to visit Mrs. Thompson during the summer months. This request was of some concern to Mrs. Thompson since she was not prepared to cope with its ramifications.

Evaluation of Outcome and Results of Follow-Up Studies. The effects of this treatment program upon Penny can be evaluated from several points of view. Academic achievement, behavior change evidenced in ratings on teacher check lists, verbal reports from the helper and other information gained through the follow-up study were utilized.

Test batteries were administered to Penny prior to the assignment of her helper (pre-tests), at the termination of the treatment period (post-tests), and in the academic year following the completion of the program (follow-up tests). These data are presented in Table 38.

From analysis of Penny's test scores, it can be seen that substantial gains were made during the five-month treatment period. Growth in academic skills is evidenced by the achievement test scores; Penny made great improvements in both reading and arithmetic (gains judged to be equivalent to about one school year of academic work).

The results of the scoring of Penny's thematic projective tests also were encouraging. Scores on achievement motivation, (Atkinson, 1958), increased from -6 to +2. Further support for the increase in achievement motivation stems from motivation index scores of 85 (pre-treatment), 77 (post-treatment) and 100 (follow-up) obtained on the T.A.T. utilizing Arnold's scoring system (Arnold, 1962) (A score of 100 is considered average motivation). Thus, Penny seemed to have made gains in her desire to achieve and to become more successful. This interpretation based upon quantitative scores is further supported by qualitative analysis of T.A.T. protocols; later stories contained more references to themes of achievement and personal success.

Penny's projective stories were also scored for affiliation-motivation (Atkinson, 1958). Affiliation need remained relatively constant over all three testing dates; there was a slight increase in affiliative themes at the later testing. When Penny's teacher filed a summary report at the end of the program, she indicated that Penny had improved in her social skills, she had formed several new friendships and seemed to be more confident and outgoing; she had also begun to participate in classroom activities. This teacher was so gratified by Penny's progress that she concluded her report by saying that Penny made "tremendous gains....both academically and behavior-wise."

Mrs. Thompson, Penny's helper, was asked to fill out a summary report. When asked if she considered her efforts to help the child relatively successful, she responded, "Yes, Penny has improved in school work and gained in confidence."

Periodic conferences between the helper and Penny's teacher provided feedback and seemed to further the effectiveness of the program. Mrs. Thompson especially appreciated the interest and cooperation of Penny's teacher; in fact, she attributed much of her success with Penny to the close relationship with this classroom teacher. Mrs. Thompson suggested that an extensive effort be made to disseminate information concerning the Community Helper Program to all school personnel. At the final conference with the Program Coordinator, Mrs. Thompson related that she would be willing to work with another child.

In an analysis of follow-up data gathered six months after the termination of treatment, Penny's over-all gains were modes. Perhaps

Table 38

RESULTS OF PRE-TESTS, POST-TESTS, AND FOLLOW-UP TESTS

Test	Pre-Test Nov., 1966	Post-Test May, 1967	Follow-Up Test Nov., 1967
School Grades			
Grade Point Average	2.1[a]	2.4	2.1
Achievement Tests			
Side Range Achievement Test			
Reading	2.7[b]	3.5	3.3
Arithmetic	3.6	4.7	4.5
Gray Oral Reading Test			
Grade Level Placement	4.0	4.0	
Reading Grade Level	2.4	3.4	
Intelligence Test			
Wechsler Intelligence Scale for Children			
Verbal Scale I.Q.	79	90	82
Performance Scale I.Q.	92	99	96
Full Scale I.Q.	83	93	88
Problem Behavior Checklists			
Interpersonal Checklist	22[c]	4	36
Quay-Peterson Checklist	18	8	21

[a] Grade point equivalents for letter grades
A: 4 points
B: 3 points
C: 2 points
D: 1 point

[b] Grade level equivalents

[c] Frequency scores--items checked

the most disappointing aspect were Penny's academic grades at the end of the first six weeks of the subsequent academic year (1967-68). These grades were marginal, consisting entirely of D's and C's. The grades seem to reflect a drop in academic efficiency from the close of the previous academic year. In a similar vein, it was noted that Penny's scores on academic achievement tests were slightly lower when compared with scores on the same tests at the close of the school year. From an academic point of view, Penny almost held her very substantial gains made at the close of the treatment period, but did not seem to progress during the first six weeks of the following academic year. Penny's new teacher described her as less attentive, more distractable, and less motivated than did her former teacher. An inspection of the behavior ratings by Penny's new teacher revealed that she perceived Penny as a withdrawn, submissive, retiring individual who posed no particular management difficulties. Penny's behavior thus did not appear to improve significantly; however, this teacher did not view Penny as a child in need of specialized assistance or programming.

It is not clearly evident if Penny's setback was due to her separation from her helper (who had become her friend and companion), the appearance of a new (and possibly less understanding) teacher, the summer interlude, or any combination of these influencing variables.

ILLUSTRATIVE CASE #3

Identifying Information

Name: Sandra Jones

Chronological Age: 8-4 (at time of referral)

Inclusive Dates of Assignment to the Program: 12/21/66 to 4/10/67 (25 sessions)

Sex: Female

Race: Caucasian

School Status: Sandy was in the third grade when referred to the Community Helper Program.

Reason for Referral

Sandy was referred to the Community Helper Program by the school psychologist, her teacher, and principal at the beginning of the third grade. She was described as being emotionally and socially immature; at recess, she would cling to the playground teacher rather than associate with her peers. Sandy sucked her thumb and constantly asked for attention and support. She sulked a great deal and seemed generally unhappy. Sandy was reported to lack emotional control and became easily upset over her school work; her teacher wrote that during spelling lessons, Sandy "....gets so upset if she doesn't know how to spell the first few words that she ends up panting, shaking, and sometimes crying." Physically, Sandy was extremely small for her age; she was unable to keep up with her classmates in athletic activities and often found excuses for not taking part in the physical education program. Her school grades were generally below average. The school psychologist felt that Sandra was not working up to her intellectual potential and that her great anxiety impeded success in school.

Background Information

History of the Problem. Since Sandra's first year in school, there seems to have been some conflict between the school and her parents. Teachers reported that Mr. and Mrs. Jones felt that there was always something wrong with the school. Mrs. Jones had, since the first grade, repeatedly requested that Sandra be retained; she felt that Sandy's problem was one of physical immaturity and that retention was the only satisfactory solution. Mrs. Jones stated that she too had been small and immature for her age and that retention had proved helpful to her as a child. While the school psychologist and teachers did not feel that retention was appropriate, they recognized that the mother's long-term desire to have Sandra retained might have preconditioned Sandra to failure with her peer group.

Family History. Sandy lived at home with her mother and father (in their early 30's) and a brother, who was two years younger than Sandy. Sandy's father was a postman and away from home much of the time. When at home, he was often too tired to play with the children (Sandy complained bitterly about this, saying that her Daddy was always tired and grouchy and never held her anymore). From Sandy's description of her home life, it appeared that Mrs. Jones had little control over her emotional, strong-willed daughter. Sandy related incidents when she openly defied her mother, whereupon her mother shrugged and walked away saying, "Oh, well, that's Sandy for you." Sandy refused to clean her room and seemed to take malicious delight in hoarding all sorts of "junk" (dead insects, old newspapers, toilet paper rolls) against the wishes of her mother who continually and fruitlessly asked that she clean things up.

At home, Sandy and her younger brother fought almost continuously. Sandy seemed to enjoy hitting him at every opportunity. However, at school the situation changed and Sandy became vigilant and protective; she watched after him and seemed to feel responsible for him.

Sandy had few playmates at home; most of the time she played alone in the basement or garage. She attributed her lack of friends to the location and poor condition of her home.

Previous Psychological Studies. Sandy was first seen by the school psychologist in October, 1966. She was referred by her teacher who described Sandy as being emotionally immature and lacking in social skills. The psychologist found that in a one-to-one relationship, Sandy ceased to be "droll and morose" (as her teacher had described her); instead she became cheerful and enthusiastic. Test results indicated that Sandy was of above-average ability.

The psychologist was aware of Mrs. Jones's wish to have Sandy retained but did not believe that this was the wisest decision. After several parent conferences, the Community Helper Program was agreed upon as the appropriate current action to be taken. The parents requested a reevaluation and conference later in the year; if at that time Sandy's classroom behavior had not improved, Mrs. Jones would request that Sandy be moved back to the second grade.

Community Helper Program

Descriptive Data on Community Helper. In December, 1966, Sandy was assigned to Mrs. Turner, a 40-year-old housewife who had three children of her own, ranging in age from 9 to 16. Mrs. Turner was known to be active in school and community affairs. She did P.T.A. work and was active in many church and political organizations. She felt that working with a child through the Community Helper Program would be very rewarding; she had some free time and was looking forward to meeting with a child twice weekly.

The Rokeach Dogmatism Scale (Form E) was given to Mrs. Turner and her score compared with the scores of other helpers. The mean score for the total group of 37 helpers was 148 and the standard deviation, 19.99. Thus, Mrs. Turner's score of 128 was one standard deviation below the mean of her group (A low score on this scale is indicative of open-mindedness or lack of dogmatic, rigid attitudes).

In order to assess other helper characteristics and to evaluate the helper-child relationships, some of the sessions between Sandy and Mrs. Turner were taped. Randomly chosen excerpts from these tapes were reviewed and evaluated by a team of three judges according to the Truax scales (Truax and Carkhuff, 1962). The ratings of the three judges were averaged and each helper received a score for "empathy" (degree of empathic understanding) and a score for "nonpossessive warmth" (unconditional positive regard). Mrs. Turner had a "warmth" score of 59 which, when compared to the helper group's scores (mean = 42.8, S.D. = 12.4), was greater than one standard deviation above the mean of the group. Thus, according to the Truax scale, Mrs. Turner exhibited a relatively high degree of unconditional positive regard in her relationship with Sandy.

On the scale assessing degree of "empathic understanding", Mrs. Turner's score was two standard deviations above the mean of the helper group. Thus, Mrs. Turner most certainly displayed a good understanding of Sandy and was probably able to react to the true feelings behind much of Sandy's behavior.

Activities and Helper-Child Relationship. Mrs. Turner met with Sandy from December 12, 1966, to April 10, 1967, a total of 25 sessions. She usually came to the school twice each week and visited with Sandy for about an hour. Mrs. Turner was asked to keep a daily record of her meetings with Sandy; from these records, it is possible to gain insight into their relationship and the activities they shared. For the most part, Sandy and Mrs. Turner chatted about Sandy's problems at school and at home. When they did work on academic tasks it was often disguised as a game.

In her log of January 9, 1967, Mrs. Turner writes, "Sandy doesn't like to practice writing and that does seem to be a big problem for her. She likes to just play and talk. We spent most of this hour by writing notes to each other. This I just happened to do and Sandy loved it. I tried to write my notes in letter form. She would answer that way. It gave her practice in writing and spelling." Mrs. Turner let Sandy decide what to do during their meetings; at least, Sandy was never asked to do something which she did not want to do. Generally, the first fifteen minutes or so of their meetings were spent in friendly conversation; then, if Sandy felt like it, they worked on classroom assignments. Often, Sandy requested help with her spelling words. The following conversation excerpt from a taped session illustrates the supportive and reassuring nature of the helper-child relationship.

Helper: My, you do have a good memory.

Child: And then this one I just missed one and that one I got 100 and that one I got 100.

Helper: What about this one?

Child: And that one I got 100, I think, yeah, I got 100 on that one.

Helper: You only missed two words out of all those?

Child: Yeah.

Helper: That's very, very good.

Child: The only thing I did was leave the "t" out of this one.

Helper: That's the one....

Child: And the "i" out of that one.

Helper: Well, my such memory, to remember that; that's a long time. That spelling's very, very good, Sandy, very good. Don't you think so?

Child: Oh, I don't know. I don't have my ring today.

Helper: You don't really need it.

Child: Oh, I used to wear it all the time.

Helper: Would you like to work through these words? See if you remember?

Child: Write 'em down?

Helper: Which would you prefer to do, write 'em out or spell 'em orally?

Child: Write 'em down.

Helper: Would you?

Child: If you don't mind, I think I'll print.

Helper: You would rather print, then write, huh?

Child: I can go faster.

Helper: All right.

Child: I'm not too good on my writing. If I don't try to go, you know, kinda fast or something, I seem to ah, if I was supposed to make an "m" I make an "n", if I was supposed to make an "n" I'd make an "m"....

Helper: You're thinking just a little faster than you're moving, aren't you, but your handwriting is improved beautifully, Sandy. Aren't you pleased with it?

Toward the end of the treatment period, both Mrs. Turner and Sandy completed a checklist which assessed their relationship with one another. This relationship inventory was patterned after the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962). The score from Sandy's checklist when compared to that of other children in the program was almost one standard deviation above the mean. Mrs. Turner's score was almost two standard deviations above the mean of the helper group. From the results of these checklists, it appears that both Sandy and Mrs. Turner viewed their relationship as genuine, sincere, and very satisfactory.

Evaluation of Outcome and Results of Follow-Up Studies. The effects of the Community Helper Program on the children involved can be evaluated from many points of view; gains in academic achievement as reflected in school grades and standardized test scores; increase in mental efficiency as reflected in intelligence test scores; infomation about motivational factors gained from thematic analysis techniques; and behavioral changes evidenced in ratings on teacher checklists and verbal reports from the teacher and helper.

Test batteries were administered to Sandy prior to the assignment of her helper (pre-tests), at the termination of the program (post-tests), and in the academic year following completion of the program (follow-up). These test data are presented in Table 39.

Sandy appeared to show considerable academic growth. Her grades had improved remarkably at the time of the follow-up study; she had improved steadily in reading and made gains in arithmetic during the treatment period. The results of the intelligence tests indicated that Sandy remained in the above-average range; her scores did not vary significantly.

Table 39

RESULTS OF PRE-TESTS, POST-TESTS, AND FOLLOW-UP TESTS[a]

Test	Pre-Test Dec., 1966	Post-Test Apr., 1967	Follow-Up Test Dec., 1967
School Grades			
Grade Point Average	1.9[a]	1.9	3.0
Achievement Tests			
Wide Range Achievement Test			
Reading	2.7[b]	3.0	3.1
Arithmetic	2.8	3.6	3.0
I.Q. Test			
Stanford-Binet, Form L-M	112	110	115
Problem Behavior Checklists			
Interpersonal Checklist	57[c]	28	5
Quay-Peterson Checklist	33	16	3

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[a] Grade point equivalents for letter grades
A: 4 points
B: 3 points
C: 2 points
D: 1 point

[b] Grade level eqivalents

[c] Frequency scores--items checked

The results of Sandy's thematic projective tests were quite encouraging. Sandy's response to the cards were scored for achievement and affiliation motives using the Atkinson and McClelland scoring guidelines (Atkinson, 1958). Sandy's achievement motive scores were -6, -6, and 0 for the pre-, post-, and follow-up tests, respectively, reflecting an increase in need for achievement as measured by reference to achievement related topics in her stories. Sandy's scores from the need affiliation scoring of her protocol were 0, 5, and 9 (chronologically ordered) indicating a marked increase in the number of times she referred to affiliative activities.

Sandy's response to the picture cards were also assessed with regard to "interpersonal themes" using Leary's scoring guidelines (Leary, 1957). Leary classifies behavior into sixteen interpersonal variables which are then collapsed into eight general categories which are employed in "interpersonal diagnosis." All three of Sandy's early protocols were dominated by "self-effacing" and "distrustful" themes; often, remarks were made which reflected a very dependent nature in which the subject of the story would cling to or beg aid from a nurturant adult. The follow-up protocol exhibited an increase in themes of cooperative behavior; it was noted that the content of two stories actually warranted a "managerial-autocratic" label. Thus, it appeared from an analysis of the thematic apperception tests that Sandy's responses on the follow-up protocol included more instances reflecting cooperation, trust, and self-control.

This interpretation of the follow-up test data was in essential agreement with the reports of Sandy's teachers. They believed that her behavior in school was much improved; she had ceased to cling to her teacher and had displayed much more independent behavior. They also remarked that although she was not terribly popular, she did seem to be making more friends at the beginning of the new academic year and was definitely less withdrawn. Her present teacher had been giving Sandy minor responsibilities which she seemed to enjoy; she was allowed to organize materials and help others with lessons she had mastered. The teachers concluded that Sandy had ceased being "sulky" and "unhappy" and had become more outgoing, confident, and cooperative. The teachers were inclined to attribute much of Sandy's behavior change to the efforts of the Community Helper Program. They felt that Sandy's regular conversations with an understanding, supportive adult provided the opportunity for a close interpersonal relationship in which to practice social skills in an accepting atmosphere. The psychologists and teachers involved in Sandy's case felt that this sort of helper relationship was of therapeutic value for Sandy; she seemed to grow more confident of her social skills and become less threatened by acdademic requirements.

Sandy's helper also believed that her efforts had benefited Sandy's self-image. In her final summary report, Mrs. Turner wrote, "Sandy likes me and I enjoy her. I feel I have given her a little more self-confidence, or rather, I helped her to develop into a more confident girl....Since I have no little girl in my family I enjoy 'girl talk'; I was pleased to see Sandy become more outgoing."

CHAPTER VIII

RESULTS: EVALUATIVE DATA

The effectiveness of a social action program of this kind can be judged by comparing it with other types of programs or the absence of a treatment program--as in Chapter III. We can investigate critical subject and process variables which interact and lead to success or failure of the program, as in Chapter IV, V and VI. Case studies can also be examined for clues to the successful operation of the program, as in Chapter VII. Another approach to evaluation is to consider the observations and attitudes (testimonials) of individuals who participated in the project. The explanatory value of these data may be limited largely to the particular situational context out of which the project develops; yet, in some cases, the data may serve as the basis for generating hypotheses about conditions which would lead to success or failure of the program in another locale.

The findings to be reported in this chapter were obtained from questionnaires given to the Community Helpers themselves and to the school personnel (building principals and classroom teachers) who participated in the program. The response of these individuals were categorized to provide a summary of their judgments about the program.

The areas of inquiry are discussed in the following order:

1. Would school principals, teachers and helpers be willing to participate in future programs of this kind? Did they consider the program successful and if so, why?

2. What were the expressed motives of the helpers in volunteering for the program? What were the needs and expectations of the helpers as revealed by their statments about the most gratifying aspects of their experience as volunteers?

3. What special problems did the program create for school administrators and teachers? What reasons were given by helpers for the perceived failure of the program? What were the most discouraging aspects of the program for helpers?

4. What suggestions were offered by helpers for future administration of the program? What were the recommendations of school administrators and teachers in regard to their respective roles in (a) selection of children for the program; (b) selection of helpers; (c) responsibility for consultation with helpers; and (d) responsibility for evaluation of childrens' progress within the program?

Evaluation of The Program by Participants

When the program was terminated, teachers, principals and community helpers all were asked whether they would be willing to participate in future programs of the same kind. They were also asked to give reasons why they would or would not be willing to participate. Their responses (see Table 40) give some indication of the extent the goals of the program were achieved in the judgment of participants. The expectations of the respondents are also revealed in these responses.

Table 40

RESPONSE OF PRINCIPALS, TEACHERS AND HELPERS TO QUESTION--"WOULD YOU BE WILLING TO PARTICIPATE IN THE PROGRAM IN THE FUTURE?"

	Yes	No	Uncertain or no response
Principals	14	0	0
Teachers	36	1	0
Helpers	31	4	2

Principals

The 14 principals were unanimously in favor of future participation in the program. Twelve supported their acceptance by pointing out two positive aspects of the program: (a) Observed progress by children in the program--"Have seen noticeable changes in several students; many tangible results; I feel we have made some gains in changing attitudes and relationships; have observed very beneficial effects with some children; it has been successful and there is a need to continue the program in our buildings; have observed progress some of our children have made as a result of the experience. This program helped these children." (b) Provision of individual attention: "It gave them the individual attention they so badly wanted and needed; it gave them a feeling of importance and worth; because the personal attention seemed to improve the child's self-esteem; certain children need adults who will listen to them."

The reaction of the other two principals was favorable but they reported two defects in the way the program operated in their schools. One asked for more definite criteria on the basis of which they could select community helpers. The other noted that the program did not have "a fair chance" in his school because the two helpers assigned there had been irregular in attendance.

Teachers

Thirty-six of the 37 participating teachers indicated willingness to continue their participation in the program. Many teachers (16) agreed with principals that the program provided the individual attention teachers were unable to give in the classroom. Illustrative comments are as follows: "I think the children benefit most from the personal contact which they do not receive in the classroom; it gives the child the opportunity of working with one adult alone which is hard for a teacher to find the time; the child needed individual attention, someone to listen to his stories. I try but do not have the time."

Fourteen teachers failed to offer any definite reasons for their interest in continuing the program, although six described the program as benefiting the child in several related ways--"the program supports the child's dependent needs--relaxes him--draws him out--gives him extra incentive to do his work."

One teacher was discontented with the program because of the helper's irregular attendance and because the program "failed to get to the core of the child's problem."

Community Helpers

Thirty-one of the 37 helpers said they would be interested in participating in the program the following year. Nineteen (19) agreed to continue their volunteer service with no conditions attached. Eleven (11) offered their services on a conditional basis. These conditions varied and illustrate the individual differences among the helpers themselves. Six were uncertain whether they could make themselves available. The barriers were (a) the problem of obtaining baby-sitters, (b) the possibility of having to take a salaried position, and (c) transportation problems. One helper said she would volunteer again but preferred a different aged child. Another helper preferred a child "with a more serious problem," and still another preferred a child "without serious problems!!"

Four helpers said they would be unable to participate in the program the following year and their reasons were diverse. One mother said she felt she needed to wait until her youngest child entered school; another said that her husband "would like for me to do some work at home"; one said she "felt unqualified"; and the other helper did not offer any reasons. The two remaining individuals failed to respond to the question about participation the following year.

The helpers were asked an additional question: "Did you consider your efforts to help the child successful or unsuccessful"? Most of the helpers (N=21) considered their efforts successful. Eight judged themselves to be unsuccessful and the remaining eight were uncertain.

In their summary report, the helpers also stated reasons why they considered their work successful, and Table 41 summarizes these responses. The majority of the statements focus on improvement in the quality of the child's interpersonal relationships. They were most impressed by evidence of having achieved a friendly interaction with the child, and his becoming more communicative, relaxed and affectionate. Responses classified under II in the table reveal a mutual concern for friendly interaction and progress in academic work. It was evident that some helpers were concerned that the child increase his skill in reading, arithmetic, or spelling. In other cases, the focus was on attitudinal change--on increase in the child's self-confidence, persistence, interest and effort in regard to school achievement. The responses reveal the goals and expectancies of the helpers as much as the tangible results of the program.

Summary

The school administrators, teachers and helpers who participated in the program were overwhelmingly in favor of continuation of the program. Their responses to questionnaires stressed the importance of the personal attention received by the children, which appeared to result in some increase in self-esteem, improved interpersonal relations and some changes in attitude toward learning and school. It was significant that none of the participants evaluated the program primarily in terms of how it affected school achievement. The criticisms and recommendations for change in the program elicited on this part of the questionnaire will be discussed in a later section of this chapter.

Expressed Motivation of Community Helpers

It is interesting to examine the verbal statements (personal constructs) of the helpers in regard to questions about their motivation for volunteering and the kind of gratifications they received from the experience.

During an initial interview with the Program Coordinator, helpers were asked why they had volunteered for the program. The reasons given for the most part were couched in terms of altruistic motives. Twenty-nine (29) said something to the effect that they were interested in relating to children and helping them with their problems, without mentioning that the experience might satisfy some personal need. The next most prevalent reason (given by nine helpers) seemed to express the need to escape boredom and introduce some meaningful purpose into their lives (e.g. "time weighs heavily on my hands"). At least six of the helpers offered reasons which suggested the primary interest was the opportunity to assume a teaching role. Several in this group might be described as "frustrated teachers"--individuals whose training in professional education had been interrupted and who wished to resume that training. Seven of the prospective helpers said they hoped the experience of working with

Table 41

COMMUNITY HELPERS' SUMMARY REPORT: HELPERS' PERCEPTION OF THE REASONS FOR SUCCESS OF THE PROGRAM

I. Friendly Interaction; Improvement in Interpersonal Relationships (N=11)

"The help was in a personal relationship. She needs someone to accept her as she is. She shows affection. We have a good relationship."

"Child is more communicative and has a happier, more relaxed attitude."

"He seemed to like and respond to me." "Easy to talk to, eager to talk with me."

"Is glad to see me; got into Scout program." "Child looked forward to my being there, got upset when I was late." "Child was able to talk with me freely and seemed to realize I was his friend. Even when there were family problems he was the same with me."

"Seemed happier and looked forward to the time I spent with her." "He seemed to distrust people before. I think she knows I'm her friend."

"She likes me and I enjoy her. I feel I have helped her to develop more self-confidence and become more outgoing."

"He has overcome most of his shyness; he tries and is not so afraid of being wrong."

II. Friendly Interaction Achieved Plus Some Evidence of Academic Progress (N=7)

"He carries on a conversation, is ready to talk and be heard; also, he knows the alphabet and a few of the sounds."

"School work improved and he seemed more outgoing and friendly."

"He learned how to sound out some of the alphabet; also, he considered me a friend and confided in me quite often. Personal attention seemed to help him."

"According to teacher, he improved both academically and socially."

"He has shown progress in some subjects; also, very friendly as we discussed many subjects."

"I believe he looked forward to our days together. Also, teacher said he did better in his writing and spelling which we worked on."

"For awhile he was doing his work for me and taking pride in getting it done. Always came willingly and happily."

Table 41 (continued)

COMMUNITY HELPERS' SUMMARY REPORT: HELPERS' PERCEPTION OF THE REASONS FOR SUCCESS OF THE PROGRAM

III. Evidence of Change in Attitude Toward Learning or School (N=6)

"He has convinced himself he is capable of learning, although scholastically he did not accomplish very much and did not improve his grades.

"Interest in subjects increases and school attendance improved."

"Improved in school work and gained self-confidence."

"Improved in reading and other school work and in her attitude toward the world in general."

"Change in attitude toward school work. Wants to keep up with it."

"Teacher reported a remarkable change in child's attitude and effort."

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someone else's child might help them become better parents. In other words, the motivating factor was the desire to understand their own children better and to gain insight into their own behavior as parents.

At the end of the program, helpers were asked what was most gratifying about their experience in the program (see Appendix A). The responses, summarized in Table 42, may be a more candid reflection of the needs and expectations governing their behavior than the motives expressed during the initial interviews.

The most evident finding is that helpers themselves received a good deal of satisfaction from their relationships with the children. After a review of the responses categorized under I in Table 42, one might even question who benefited most from the program--the children or the community mothers. The children were benefactors in the sense they provided helpers with a meaningful human relationship and reassurance that they were important and needed. Sixteen of the helpers obviously treasured this opportunity to establish a friendly, nuturant relationship.

A good many of the volunteers (13) again expressed gratifications which reflect altruistic motives--the desire to help, to comfort or to give of themselves in a relationship, without mention of the satisfaction of personal needs.

Table 42

COMMUNITY HELPERS SUMMARY REPORT: MOST GRATIFYING ASPECTS OF THE EXPERIENCE

I. Gaining the Respect, Trust, and Friendship of the Child; Being Needed and Accepted; Giving a Purpose to Life and Avoiding Boredom (N=16)

"Knowing he looked forward to my visits and becoming his friend was gratifying; he became a good little friend and would call me on the phone to tell me anything that seemed important to him; when we first met he was aloof, by the middle of our sessions he seemed to warm up as an individual; the big smile on his face when he sees me outside of the session; I enjoyed her very much and felt that she liked me also; it was most gratifying to see him respond to my offer of friendship, he was... a delightful friend; trying to help a mixed up lovable little boy and knowing he liked and respected me also; to know that he did enjoy seeing me and hoping this would give him a little more to talk about and status; making myself a friend to him; couple of times I said come over if you want to and she always came very soon." (N=10)

"To be needed;*since I have no little girl in my family, I enjoy girl talk and was pleased to see her become more outgoing; being called "sister" meant so much to me. I really do have five sisters but being accepted by this child as a sister and friend is reward in itself; she is such a warm 1 loving sweet child--she made me feel good; most gratifying was the feeling of helping a child and being needed, being accepted on our first meeting was very gratifying too; knowing she accepted me and seemed very happy when it was time to see me." (N=6)

II. Altruistic; Desire to Help, to Comfort, to Give (No Mention of Satisfaction of Personal Needs) (N=13)

"Knowing that I was able to give a little of my time and self for someone else's benefit without thinking of myself; in a very small way I felt useful that maybe I might change a pattern of life for the better; it is gratifying to me as a person to give of myself for a good cause as this, much rather do this than sit with the neighbors and chat for hours over coffee; if I can be of help I would like to be a friend to children who are upset or disturbed; if I can aid any child

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*In this case the helper's children were 20 and 23 years of age, respectively.

Table 42 (continued)

so he will have some respect for himself and see that he is a person in his own right, I enjoy it; I always have a feeling of well-being when I can see a child overcome a personal barrier especially difficult for him; being able to help a child who needed love and attention he was unable to get at home, seeing him smile, trying to comfort him in some way when I knew he had a problem; I enjoy helping and working with children; to see the child smile and really be excited about something; just being able to help this soul that needed it so badly; that I was able to share myself with the child without jealously showing toward her at home; being able to help a child in a very small way; this program has given me a much more worthwhile feeling of giving and doing."

III. Evidence Child Progressed Academically; Opportunity to Teach (N=6)

"The fact that the work gave visible results--progress in subjects; the fact that I had really and truly felt as though I had helped him to some degree with his reading problem was most gratifying to me; he would tell me and would seem so pleased with himself when he did something right--maybe the week or so before I told him the right thing to do; to know that one individual's capacity for learning may have been increased to a small degree." (N=2)

"Because I like children and have always wanted to teach--this gives me a chance to do a little teaching; it helps me to understand problems teachers are up against and this will help me someday."* (N=2)

IV. Better Self-Understanding and Understanding of Own Children; Becoming a Better Parent (N=5)

"Having a better and closer look at children at this age level and being able to relate back to my own; a program such as this helps you become a better person through learning more compassion for someone else if nothing else; it's as much help to the helper as to the child. The absolute honesty of a child can really teach one a lot; by working with a child as I did, I have a better understanding of my own children; I am more aware of my own blessings."

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*This helper intended to enter a teacher training program.

Four helpers were pleased their children showed some visible academic progress, and two stated quite frankly that their primary gratification was the fact that the experience placed them in a teaching role.

Five helpers continued to emphasize the program's educational effects in helping them become better parents and improving their ability to relate to their own children. Again it was evident that the program provided mutual benefits. As one helper commented, "A program such as this helps you become a better person through learning more compassion for someone else, if nothing else; it's as much help to the helper as to the child."

Special Problems in Operation of the Program

In an effort to identify barriers to the achievement of program goals, school administrators and teachers were asked to cite specific problems the program created for them.

School Administrators

School principals noted three administrative problems created by the program. Even though they failed to regard it as a major problem (see Table 43), three principals experienced difficulty finding space for the scheduled meetings of helper and child. Problems in selecting children because of the excessive need for service was identified by one administrator as a problem, but more nagging was the dilemma of finding volunteer mothers in the community. One administrator, in particular, was critical of the lack of explicit guidelines for selection of helpers. As pointed out earlier, in one or two school districts, it was extremely difficult to recruit volunteers for any type of school programs.

Teachers

Table 44 summarizes the teachers' response to the question, "Did the program create any special problems? Explain." Twenty-eight of the 37 teachers discounted problems as minor. However, five teachers noted a minor problem and three a major problem in that the program interfered with regular classroom activity and homework completion. They stressed the importance of scheduling helper-child appointments in order not to disrupt classroom activity and other curricular offerings such as physical education.

Two teachers mentioned the unreliability of helpers in keeping appointments as a major problem, and two felt that inclusion in the program sometimes stigmatized children socially, thus creating an embarrassing situation for both the child and the teacher.

Table 43

PRINCIPAL'S RESPONSE TO QUESTIONNAIRE: MAJOR ADMINISTRATIVE PROBLEMS CREATED BY COMMUNITY VOLUNTEER PROGRAM (N=14)

I. No Problems Created (N=8)

II. No Major Problems, with Qualifications (N=5)

Space Problems (N=3) ("A problem, not major, was scheduling space; sometimes space facilities were difficult to obtain; Finding space for community helpers and students to meet was the greatest problem but not unsurmountable.")

Recruitment and Selection of Volunteers (N=2) ("Only in finding volunteer mothers; except for initial impression that the principal was expected to line up helpers without sufficient information.")

Selection of Children for Program (N=1) ("A more severe problem was selecting those pupils to be served as there are twice as many pupils as helpers.")

III. Major Problems Created (N=1)

Recruitment of Volunteers ("Finding volunteer mothers.")

Table 44

TEACHERS' RESPONSE TO QUESTIONNAIRE: MAJOR PROBLEMS CREATED BY COMMUNITY VOLUNTEER PROGRAM (N=37)

I. No Problems Created (N=23)

II. No Major Problems (With Qualifications) (N=5)

("Appointments occasionally interfered with reading instruction in class;" "Child had to make up work missed in class.")

III. Major Problems Created (N=7)

(N=3) Interference with classroom activity ("Child never got his other homework finished when he was with helper;" "Being out of the classroom quite a bit;" "Child missed physical education because of helper appointment.")

(N=2) Unreliability of helper ("Worker was not reliable nor prompt in keeping appointment;" "Meetings were so haphazard that the child's feelings of insecurity and lack of trust for people were increased.")

(N=2) Social stigma of being selected for program ("It can be embarrassing for child to leave the room with no explanation;" "It kept the child in a keyed-up stage.")

IV. No Response to Question: (N=2)

Community Helpers

Two questions asked of Community Helpers elicited criticism about the operation of the program and identification of some special problems: (1) "Did you consider your efforts relatively unsuccessful? Why?" and (2) "What was most discouraging to you about this experience?" Responses to these questions have been categorized in Tables 45 and 46.

Four helpers attributed their lack of success primarily to the unfavorable family situtation of the child and their inability to counteract it. Since the parent-child relationships seemed to be the major cause of the child's problem, they saw intervention with the family as more crucial than their relationship with the child. Altogether, seven (7) helpers (see Table 46, item III) regarded this failure to improve the home environment as the most discouraging aspect of the experience. These remarks support the contention that success of a child in the program is inversely related to degree of family pathology. The case study of Steve Arnold presented in Chapter VII illustrated how disruption in the home situation reduced the probability of success for one child in the program.*

In citing reasons for the failures and disappointments they experienced, it was evident that the helpers expected to see tangible evidence of progress. Almost half were discouraged by the failure of the children to show permanent improvement in their social and scholastic behavior during the program.

Although the coordinator of the program made an effort to reduce helpers' expectations that children would make remarkable progress, it was evident that their expectancy of change was high. One of the most important functions of the coordinator is to help volunteers appreciate that children may not only show immediate accomplishments but that in some cases behavior will temporarily regress.

On the other hand, the permanence of gains made by children in the program remains in question. Regression in behavior was evident for some children during the course of the program, and some children, who showed gains at the time of the initial follow-up evaluation later failed to maintain these gains. Differences in stability of gains is illustrated in two case studies reported in Chapter VII. Penelope Haines was a child who realized great immediate benefit from the program but who at the start of the following school year, failed to maintain these gains. The other child, Sandra Jones, progressed both socially and academically and appeared to have retained the gains at the time of the follow-up evaluation.

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*An effort was made initially to explore the relationship of degree of individual and family pathology to success of children in the program, but problems of measurement could not be resolved.

Table 45

COMMUNITY HELPERS' SUMMARY REPORT: THE REASONS FOR FAILURE OF PROGRAM

I. Inability to Counteract Pathological Home Environment (N=4)

"Home environment very poor; work with whole family needed."
"Too many problems in family circle during the time I worked with him."
"Constant battle with the environment of the child; pull of one influence against the other."
"No change in his moods or attitudes. Too many things happened outside our sessions."

II. Failure to Involve Child in Personal Relationship (N=3)

"Child very shy; although she enjoys visits, she does not respond or carry our responsibility for her own participation."
"I was unable to establish a really person to person relationship with him. He retained his reserve and kept his feelings very controlled as if he were afraid to let himself go."
"No progress one way or the other. No spark of interest of emotion in anything."

III. Lack of Educational Progress or Increase in Motivation for Achievement (N=3)

"Doesn't realize the importance of and does not really buckle down to learning. Mind wanders when I tried to stress some phase of learning."
"He needs to be stimulated to learn to read and I have been unable to get him to want to learn."
"Still not able to do his work in the classroom, does not care how sloppy papers are, no if work is correct. Refused to do school work with me the last few weeks."

IV. Lack of Time or Intensity of Context (N=2)

"Not able to spend enough time to help him scholastically."
"Needs more time than can be provided in short contact with a helper. Needs a steady, constant warm but firm program until he establishes values, reason and understanding of himself."

V. Failure to Reduce Behavior Problems (N=2)

"Too many ups and downs."
"Behavior pattern in classroom got worse."

Table 45 (continued)

VI. Too Serious Degree of Disturbance (N=1)

"Child needs professional help. If the program had been in effect five years ago, it could have helped him. Lack of educational skills compound his emotional problems."

Table 46

COMMUNITY HELPERS' SUMMARY REPORT: MOST DISCOURAGING ASPECTS OF THE EXPERIENCE (N=37)

I. Child's Lack of Progress (N=18)

General Lack of Progress; Regression or Failure to Maintain Gains (N=12)

"The fact that I was not able to help this child as much as I hoped for when I started out; some days he caught on so well and the following week it seemed like he had forgotten everything from the week before (during reading drill); most discouraging was when I talked to the teacher at the end of the year and she said my child had started to improve but now was right back where she had been when we started; it was upsetting that his curiosity did not seem as sharp as I felt it should be, even more upsetting was the fact I did not seem able to widen his interests or stimulate any enthusiasm about new things; when he reverted back to his old, could-care-less attitude about his schoolwork, I wondered where I failed; realization he may slip back if this is not continued; didn't get a chance to see any improvements; he feeling of progress; fact I couldn't help him more; lack of progress; seeing him return to class and doing worse even to the point of having to be punished; realization that on the whole have not accomplished much to benefit this boy."

Lack of Academic Progress (N=6)

"Child's inability to proceed any faster with his multiplication tables or spelling; for a long time, all he could think about when someone crossed him was to fight--it was so hard

Table 46 (continued)

to convince him to spend any extra time at home on his subjects; he spent too much thinking of crazy things to do--comic strips, monster pictures, etc.; being told by school authorities that his school work had not improved; improvement in reading was minute in relation to what it should have been; not being able to help him elevate his grades."

II. Failure to Establish Close Relationship; Lack of Emotional Responsiveness on Part of Child; Lack of Trust (N=8)

"When I couldn't get him to really say what was bothering; even though I could tell what was bothering him he couldn't get it off his chest in words; I just could not seem to reach her--she was never displeased but she was never excited about anything we did either; she seemed to have her own little shell that I just wasn't able to penetrate; I didn't feel that I gained her complete confidence; not being able to establish a really person-to-person relationship with him. He retained his reserve and kept his feelings very controlled as if he was afraid to let himself go; he discussed little of his problems with me."

III. Failure to Affect Home Environment (N=7)

"It was discouraging that he had to listen to so much controversy and bickering at home; family and home environment were at such a level that our meetings together did not help him; the constant battle of the environment; the feeling that I wasn't able to talk with the parents; I would have liked to take care of her clothes and look after getting her ready for school--she lacks a concerned person to do this for her; discouraging to know that nothing is being done to improve the home situation; we are working to help with a problem but the cause of the problem remains."

IV. Lack of Direction (N=2)

"At times, I felt inadequate because of no definite plan or materials to work with; not knowing exactly what to do or exactly what was expected of me."

V. Lack of Time (N=1)

Table 46 (continued)

VI. Problems with School and/or Teachers (N=1)

"Feeling of frustration over small rules set up by this particular school; the personality conflict between teacher and pupil."

VII. Lack of Space (N=1)

"Most discouraging part was not always having a special place to meet. Whenever we had to meet in a different place my child was less attentive."

VIII. Not Discouraged or No Response (N=8)

"Nothing really struck me as discouraging; nothing."

Helpers mentioned other factors which they considered detrimental to the success of the program. Lack of time and the superficiality of contact with the children was seen as a major problem by two volunteers. Two others expressed the desire for more guidance and direction in planning activities and choosing materials. One helper cited personality problems of the childs's teacher as a deterring factor, and another was most concerned because room assignments for her meetings with the child were so frequently changed.

Recommendation for Improvement of the Program

Some of the problems cited above are mentioned again by participants in recommendations for the improvement of the program. In the discussion which follows, the recommendations of the helpers will be reviewed first, then those of the principals and teachers.

Recommendations of Community Helpers

Volunteers were asked to offer suggestions for the improvement of the program and their recommendations are categorized according to frequency in Table 47.

Table 47

COMMUNITY HELPERS' SUMMARY REPORT: SUGGESTIONS FOR ADMINISTRATION OF FUTURE PROGRAMS

I. Need for Better Communication Between Teacher and Helper (N=12)

"Periodic meetings between teacher, helper and psychologists to evaluate improvement and give helper suggestions...; more communication among those concerned...; more contact between helper and teacher...; be sure that the student's teacher is prepared to understand what the helper will be doing with the student and ask the teacher to make suggestions that might be helpful, but do not just expect the student to complete unfinished class work during this time...; a little closer contact and ideas from the teacher as to progress or regression of the child...; talking with the teacher about the child gives a better understanding why the child does certain things...; better coordination and understanding between the teacher and worker...; there should be more consultation between the teacher and helper...; I felt a need for more contact with someone in the administration, as well as a scheduled, regular contact with the child's teacher."

II. Need for More Structure and Direction (N=10)

"A more planned program with at least a few suggestions for activities...; more training for helper, plus material to work with...; more briefing before working...; have a few suggestions or ideas as to what is expected through this program...; a scheduled program should be presented to each worker at the beginning of the year. The worker should know what is expected of an average child as to progress in school work. Standards should be set...; more definition of the sort of work the worker should do, such as home work or something in the line of choice for the child...; it would help to have more guidance, direction and suggestions during the program."

III. Need for More Diagnostic Data, Better Understanding of the Child (N=4)

"It would help to know what type of child you're working with and the kinds of things that might appeal to her...; I would like to have a few test results shown to me...; should know more about the child...; parents, teacher and helper must know all facts available about the child and work together on a planned program."

Table 47 (continued)

IV. Need for Periodic Group Meetings of Helpers (N= 4)

"Group meetings of Community Helpers should be held to discuss ways of handling problems. Because most of us are not professional, ideas on how others handled problems would save a lot of frustration...; should have periodic meetings of all helpers, as there were this summer...; a 'get together' of helpers for all the helpers to meet occasionally to exchange ideas and discuss progress and problems."

V. Need to Avoid Nuisance Effects of Record Keeping, Taping, etc. (N=4)

"Questionnaires and tapes may have 'scared away' some potential helpers...; I did not like the paper work involved...; please try to conceal the tape recorder, it changes the normal action of the student...; the helper and child should be told that at some time their sessions would be taped, but never let them be aware of when the taping was done."

VI. Need for Scheduled Work Space (N=3)

"Need to have a very special place in which to work. Children get used to one place and are familiar with it and think its their own special place. Have a definite meeting place. There was some days that we just didn't have a room at all, and have the teacher let us know if the child is absent before time of the meeting...; have a definite meeting room."

VII. Need for Intervention in Total Family Situation (N=3)

"In working with children from environments like my child, every child in the family should be put on the program instead of just one. In his case the whole family needed help...; too many things happened outside of the times we met which prevented me from reaching my child. If everything went smooth at home, then our sessions were good. If not, then the opposite was true. In my opinion, the coordinator should have more opportunity to work with the family so that any help the child might receive from his helper could be carried over into his home life...; it would help if the home could or would cooperate, especially when the problem originated in the home.

VIII. Need to Start Program Earlier in the Year (N=2)

"Program could be started earlier in the school year. It seems as though after the first six weeks period the teachers would

Table 47 (continued)

have a good idea which students needed extra help from this program...; should start at the beginning of the school year to work with the child."

IX. No Suggestions, Satisfied, etc. (N=9)

"Set-up this year was excellent...; this year was brilliantly planned and done...; don't feel qualified to suggest anything ...; contain same program."

The need to improve communication between the helper and the child's teacher was mentioned by almost one-third of the helpers. Several believed teacher conferences should be held on a regular basis to provide the occasion for a free exchange of ideas and to increase understanding of mutual goals. Most of the helpers appeared to want concrete suggestions from the teachers, but only one sought direction in the form of prescribed activities and assigned homework during their sessions with the child. Responses strongly suggested the need for better coordination of teacher and helper efforts in the program.

About one-fourth of the helpers reacted negatively to the relative lack of advice about how to structure their relationship with the child and how to select materials. A minimum of supervision was inherent, of course, in the goals of the program. The idea was to draw on the intuitive resources of the volunteers, thus avoiding the expense associated with close supervision and direction of their activities. On the other hand, some responses of the helpers suggested an almost total absence of briefing on role expectancies for them in the program. Such an orientation could be provided without extensive personal contact by the coordinator of the program.*

The maintenance of written records was regarded by some helpers as a nuisance, although, on the whole, record keeping was not regarded as excessive. Three helpers experienced problems in finding regular work space for their meetings with children. The importance of a designated room for the meetings was emphasized by one worker's comment: "We need to have a very special place in which to work. Children get used to one place and are familiar with it and think of it as their own special place."

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*A Handbook for Community Helpers (Smith & Stoffer, 1968a) was developed at the conclusion of the program. A concise statement of the goals and expectancies of the program, along with suggestions for specific games and activities are presented. This material, in conjunction with references on commercially published educational materials, should provide a more secure basis for the work of volunteers.

Three helpers reemphasized the need for family intervention and felt their efforts were trivial in the face of the frustrating circumstances of the home enivronment. Since the school districts involved did not have social casework services or the personnel to undertake other types of intervention with the total family situation, no implementation of this recommendation could occur. However, in cases where there is a good deal of family disruption, the Coordinator should perhaps be ready to interpret the situation to helpers, and give them verbal reinforcement for their efforts to help the child, as limited as it may be.

Two helpers recommended that children should be assigned to them earlier in the school year, and in most cases it would be advisable and feasible to make assignments in the first two months of the school year.

A desire for authoritative support was also seen in the request of four helpers for more diagnostic data on the children they were to work with. A reaction of this kind would be expected in any such program which is based upon the assumption that the quality of the immediate relationship is crucial to behavior change and on the expectation that such changes can occur without psychological interpretation of the nature of the behavior problem (Rogers, 1951).

Several helpers recommended the scheduling of group meetings of the helpers themselves in order to exchange ideas and discuss mutual problems. During the course of the demonstration program, two such group meetings actually were arranged by the Coordinator in an effort to obtain their recommendations for the future operation of the program. Nine helpers were selected to meet for two two-hour sessions to discuss such topics as scheduling, handling the first interview, choice of activities, conflicts and difficult situations they had experienced, etc. Although time could not be budgeted for further group meetings during the course of the demonstration program, it was evident that such meetings increased the feeling of "esprit de corps" and reinforced the confidence of helpers. If group meetings are scheduled in future programs on a regular basis a number of important considerations should enter into planning: (a) the size of the group and careful selection of participants, with a view toward balancing, (b) a definite plan in regard to group process and the type of leadership provided, and (c) the focus taken during the meetings (i.e. group-centered or task-oriented?).

Recommendation of Principals and Teachers

The questionnaire required principals and teachers to indicate what their role expectations were in regard to several specific responsibilities within the program: (a) selection of children, (b) selection of volunteers, (c) consultation with volunteers, and (d) the evaluation of the progress of children assigned to the program. Their recommendations on these issues are discussed below.

Selection of Children for the Program. Teachers and principals were both asked the question: "What do you think the role of the teacher (principal) should be in the selection of children for the program). Table 48 summarizes the response of the 37 teachers and Table 49 the responses of the 14 principals.

Almost unanimously (N=36), the teachers thought they should assume an instrumental role in selection of children. One-half indicated that the teacher should be the person responsible for making the decision. Six others saw decision-making as a joint responsibility of the teacher, program director and principal. Only eight teachers were willing to relinquish the decision-making role to others and in seven of these cases the teacher was perceived as an active collaborator in the decision. Because of their opportunity for daily observation, contact with children early in the year, and the precious time lost waiting for the psychology staff to evaluate a child, they considered themselves in the best position for initial selection of children.*

In contrast, most principals did not consider selection of children their primary responsibility. They too regarded the teacher as the instrumental person, working in collaboration with the psychologist-coordinator. Five principals indicated, however, that they wanted to be consulted and involved to some extent in the decision-making.

The consensus among the school staff participants was that the teacher should play an instrumental role in deciding which children should be assigned to the Community Helper program. The most reasonable arrangement appears to be teacher nomination of children with the final decision reached collaboratively by the teacher, principal and psychologist-coordinator as a team.

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*Some teachers were evidently reacting to the arbitrariness of the sampling procedure in the demonstration project, whereby some children, who they considered equally in need of help, were assigned to the control group rather then the experimental group. Because of the exigency of balancing the two groups, teachers could not always be consulted and perhaps caused them to be more insistent about their involvement in the selection process than might be the case if random sampling had not been a major concern.

Table 48

TEACHER'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF TEACHER IN SELECTION OF CHILDREN FOR ASSIGNMENT TO COMMUNITY HELPER PROGRAM (N=37)

I. Teacher Should Have Primary Responsibility for Selection of the Child (N=15)

"A teacher, after having a student in her room for a few weeks, could tell if this would be valuable; the teacher should select the child as she knows best who needs it; The teacher can easily tell which child needs help; I think the teacher would be more apt to know of such a child than anyone else; teacher should be one to decide; the teacher, along with the parent, would be the ones most likely to see the child's problem and would be most likely to choose the child; the teacher can usually tell which children can benefit from some personal attention; the teacher should select the child because she is around him every day and will soon learn his strengths and weaknesses."

II. Teacher Should Select the Child, After Consultation with the School Psychologist (N=3)

"I think the teacher should select the child with advice from those administering the program; the teacher should be the person who decides if program will benefit the child, after the school psychologist has also evaluated the problem."

III. Selection of Child Should Be a Collaborative Decision of Teacher and Psychologist (N=6)

"The teacher knows the strengths and weaknesses of the child and she should recommend for testing and together with psychologist decide on child; teacher is in a position to help decide which child needs extra help; the teacher can probably help quite a bit here because she is with this child most; child should be selected on recommendation of the teacher and psychologist."

IV. Psychologist (School Counselor or Principal) Should Select the Child Following Teacher Nomination (N=7)

"Teacher should refer to psychologist and take recommendation of the psychologist; a child who is having severe reading problems or other class difficulties should be selected and these recommended to the principal; teacher should recommend, followed by final selection on basis of psychological testing."

Table 48 (continued)

V. Psychologist Alone Should Select Children for Program (N=1)

"Child should be selected through psychological examination."

VI. No Response (N=5)

Table 49

PRINCIPAL'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF PRINCIPAL IN SELECTION OF CHILDREN FOR ASSIGNMENT TO COMMUNITY HELPER PROGRAM (N=14)

I. Selection Should Be a Collaborative Decision of Principal-Teacher or Principal-Teacher-Psychologist (N=5)

"Principal along with teacher should select child. They have more of a direct contact with the children and see them at all phases of work and behavior." (N=1)

"He should work closely with the classroom teacher and psychologist in selection of children; selection should be done by the principal, teacher and psychologist; assist teacher and psychologist; principal should be consulted." (N=4)

II. Major Responsibility That of Teacher and/or Psychologist (or Minor Unspecified Role for Principal) (N=5)

"Psychologist and teacher should select child and check with principal; classroom teacher and school psychologist should identify youngsters; teachers are in a better position to help in the selection due to the direct contact in the classroom; little responsibility for principal."

III. Selection Seen As Responsibility of Psychologist or Coordinator (N=1)

IV. Major Role for Principal Unspecified (N=3)

Selection of Community Helpers. Participants in the program were also asked what they considered their role should be in selection of volunteers for the program. Teacher responses are summarized in Table 50 and those of principals in Table 51.

Most teachers (57%) preferred to have the principal or coordinator contact and select the volunteers. Several stated that they would like to be involved in the decision about a volunteer if they already knew the person in question. Also, several teachers expressed their conviction that their description of the particular child needing help should be a prime consideration in the selection of a volunteer.

The majority of the principals (80%) were willing to relinquish the decision-making responsibility in selection of volunteers, but wanted to assume an advisory role. Specific suggestions were that the principal "be responsible for providing a list of a selective group of parents who are interested in working with children," and that the "program director should interview volunteers and set the standards for entry into the program." Again it was clear that no aspect of the operation should be conducted unilaterally without open communication between all the professional people involved.

Consultation with Community Helpers. Teachers and principals were asked what they thought their roles should be in working with helpers and their responses are summarized in Tables 52 and 53.

Teachers emphasized the need for close communication with helpers through regularly scheduled conferences. Recommendations concerning frequency of such conferences varied somewhat but there was unquestionably a need for individual teacher-conferences to (a) set instructional goals, (b) work out plans for special projects, (c) furnish materials, (d) correlate activities with school work, and (e) report any noticeable changes in the child. Only one of the teachers involved stated that she preferred that the activities not be related to school work and that they be planned by the helper, the child, and the psychologist-coordinator.

More than half of the principals saw a need for close contact with the volunteers for the purpose of (a) offering suggestions and help, (b) giving encouragement and support, (c) and reviewing children's progress. The remainder tended to see a limited role for the principal in regard to continuing consultation and supervision. Instead they saw their role that of scheduling work space and securing materials. Although their response suggests the possibility of role ambiguity and conflict, no role problems seemed to exist during the course of the demonstration project. Contact between principals and helpers tended to be casual rather than on a regular basis.

Evaluating Children's Progress. Tables 54 and 55 summarize the recommendations of teachers and principals in regard to their respective roles in evaluation of children's progress in the program.

Table 50

TEACHER'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF TEACHER IN SELECTION OF THE COMMUNITY HELPER (N=37)

I. Decision on Selection of Helper Should Be That of Principal and/or Psychologist; Helper Should Not Be Selected by Teacher; Advisory Role for the Teacher Only; Teacher Should Not Be Involved in Decision-Making (N=21)

"I feel the people who operate this program know more about the selection of the helper than I do; up to principal; would leave that to principal and coordinator; psychologist more qualified; this, from my viewpoint is not the role of the teacher; I feel the helper should not be selected by the teacher, someone more familiar with the total community could probably do this better; this should be done by someone else besides the teacher; I don't think it's necessary for the teacher to select the helper."

"A teacher should have little or no personal involvement; however, she should suggest the type of personality of helper which would benefit the student; if the teacher knows of a person who would like to help, she should suggest him, but she should not choose one; I think the teacher should advise the administrators as to the personality of the child and other pertinent information."

II. Selection Should Be a Joint Function of Teacher, Principal, and/or Psychologist (N=6)

"The teacher should be able to meet several of the available helpers and help decide which personality might be best for the individual situation; it should be done by psychologist, teacher and principal with the specific child in mind; since the teacher works with the child every day she would be involved with the selection; to agree or disagree with the supervisor's choice as far as personality of the child and worker is concerned."

III. No Response (N=5)

IV. Response Unclassifiable (N=5)

Table 51

PRINCIPAL'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF PRINCIPAL IN SELECTION OF THE HELPER (N=14)

I. Advisory, Consultant Role for Principal; Selection of Helper Should Be Responsibility of Program Director (N=11)

"Make only general recommendations as to potential helpers; Principal should be able to help locate someone--difficult to find the time to do so; principal should be responsible for providing a list of a selective group of parents he feels would be interested in working with these children; principal may know best who is available; Depends upon principal's knowledge of the community--he should have some role in the selection; usually principal will know of some good prospects; he should recommend; to some extent; principal should be told of the worker's qualifications but the program directors should interview and set the standards for their program; principal should advise relative to the person's capabilities and qualifications; I think the principal can be a great help here. After a principal has worked in a building a couple years, he gets to know many of the people that could be considered as helpers."

II. Primary Decision-Making Responsibility; Major Role (N=3)

"Primary role in arriving at decision as to community helpers; major role as he should be acquainted with 'qualified' persons; we would probably take whomever is available, barring obvious misfits."

Table 52

TEACHER'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF TEACHER IN WORKING WITH THE HELPER (N=37)

I. Need for Close Communication with Helper Through Regularly Scheduled Conferences (N=25)

"Teacher and helper should discuss what needs to be done, how it can be done, child's success and needed changes through regularly scheduled individual conferences; teacher and helper should talk once a week or so to coordinate their efforts; there should be a short conference after each appointment with the child; the teacher should have many conferences with the helper in order to provide a more complete picture of the existing problems and possible solutions."

II. Assisting with Instruction and Teaching Materials (N=13)*

"Work out together some plans for doing special projects and school work; provide material to use with the child' help plan games and activities; suggest materials or work for them to do, note areas the child is especially weak in; see that the helper knows that work the child is doing in school, where to place emphasis; give helper supplementary or remedial workbooks, not the same as used in class; provide material from homeroom; give worker background about child and his needs."

III. "I prefer not working with helper." (N=1)

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*Response of two teachers overlapped in categories I and II.

Table 53

PRINCIPAL'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF PRINCIPAL IN WORKING WITH HELPERS (N=14)

I. Need for Close Communication and Consultation Between Principal and Helper (N=8)

"Principal and helper should keep in close contact with one another; principal should be available as a consultant to offer suggestions and help; consultation only; consultation; the principal should be the helper's helper; he should iron out the little problems that are bound to come up; he should also encourage the helpers when things are not going well; the principal should work closely with the helper and the one in charge of the program; principal should work closely with the helper to provide guidance and encouragement; he should occasionally review the progress of child with the helpers."

II. Limited Role for Principal; Continued Consultation Should Be a Primary Responsibility of Teacher and/or Program Director (N=6)

"Leave it to the teacher and psychologist; principal can supply space and material--classroom teacher the primary suggestions; the principal should provide facilities and appropriate information about the child to helpers; principal should schedule space and materials; once the aims of the program are explained the helper should not receive too much direction; superficially."

Table 54

TEACHER'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF TEACHER IN EVALUATION OF PROGRESS OF CHIDREN SEEN BY COMMUNITY HELPERS (N=37)

I. Teacher Regarded as Having Primary Responsibility for Evaluating Child's Progress (N=7)

"Helper has isolate case; teacher can get an over-all picture; while the helper will probably be able to see some changes, I think the classroom teacher will be able to evaluate the over-all progress of the child; teacher should judge how the program affects the child's school work and behavior."

II. Evaluation Seen as a Collaborative Process Between Teacher and Helper Through Individual Conferences (N=20)

"I would like to talk to helper each day to see how program is progressing, discuss improvement, regression, how to help; helper and teacher should have evaluative conferences; discussions of progress should continue throughout the year; teacher should evaluate the progress along with the helper, they would be the ones to see the progress; teacher should let the helper know if any changes in classroom behavior are observed; teacher should help evaluate progress since she will notice the progress in the classroom; teacher should discuss the progress in the classroom with parents and the helper; teacher should have conferences with all of those who are involved in the program."

III. Evaluation Seen as a Joint Responsibility of Teacher and School Psychologist (N=2)

"Coordinated effort-teacher and psychologist; with psychologist."

IV. No Response (N=8)

Table 55

PRINCIPAL'S RESPONSE TO QUESTIONNAIRE: RECOMMENDED ROLE OF PRINCIPAL IN EVALUATION OF PROGRESS OF CHILD SEEN BY COMMUNITY HELPERS (N=14)

I. Primary Responsibility That of Teacher and/or Program Director; Principal Should Serve as Consultant Only (N=12)

"My role should be more along the lines of a consultant and resource person; teacher and helper will be more aware of progress and more accurate in evaluation; as a team member; the teacher is in a better position to tell what improvement the student is making; this would be more the responsibility of the classroom teacher; the principal probably knows less of the results than the teacher does; he should cooperate with the helper and teacher in an on-going program of evaluation of student and program progress; he should be in on interviews but teacher usually is the best judge; he is in a good position to confer with the teacher as to the effect of the program on the child; he may be able to supply information which teacher and helper do not have; principal should keep in touch with the program director but final evaluation can be made through classroom testing, standardized testing, and evaluation by the helper; consultation only."

II. No Response or Response Unclassifiable (N=2)

Most teachers considered themselves to be in a good position to evaluate the progress of children. Some seemed to regard the teacher as responsible for the decision, but most recommended collaborative decisions through individual conferences between teachers and helpers. They expressed the willingness to participate periodically in the evaluation process, seeing it as a coordinated effort, with the need for close communication between helpers, teachers and the psychologist-coordinator stressed.

In contrast, principals considered their role one of consultation only, with the primary decision-making responsibility that of the teacher in collaboration with the program director

Summary

Participants in the Community Helper program were overwhelmingly positive in their evaluation of the program. All of the principals, 36 of 37 teachers and 31 of 37 helpers were interested in continuing their involvement in the program. In their evaluation, participants stressed the importance of the personal attention received by the child, which increased self-esteem, improved interpersonal relationships and instilled more positive attitudes toward learning and the school. None of the participants evaluated the program primarily on the basis of gains in academic achievement which attests to some degree of understanding that the improvement of social, rather than academic skills, was the principal goal of the program.

Twenty-nine (78%) of the helpers initially expressed altruistic motives for joining the program (e.g., desire to help, to comfort children, without mention of the satisfaction of personal needs). Other motives infrequently expressed were the desire to escape boredom and make life move meaningful, the desire to gain experience in a teacher's role, and the desire to become better parents for their own children.

Responses to a questionnaire at the end of the program revealed that the helpers received much personal gratification from participation in the program. Almost 50% of the helpers noted how personally gratifying the experience was to them (e.g., providing a meaningful relationship and reassurance that they were important and needed). At this time only 33% expressed gratifications which reflected altruistic motives. A few continued to mention the satisfactions of having served in a teaching role, of having seen the child make visible academic progress, and of having become better parents because of the experience. In reviewing statements on personal motives and gratifications received, it was obvious that mutual benefits derived from the program (i.e., "A program such as this . . .is of as much help to the helper as to the child").

School administrators reported encountering no major problems in the operation of the program. Minor difficulties included finding space for helper-child meetings and the identification and recruitment of potential helpers. Teachers also reported a minimum of operational problems. Some mentioned the program occasionally interfered with classroom activities and homework, but these were minor irritants.

Helpers were asked to criticize the operation of the program and to offer recommendations for its improvement. The problems identified and the recommendations offered by the helpers (according to priority) were:

1. The need for closer and more frequent communication between teachers and helpers--to avoid conflict over homework assignments, to share ideas and to better understand the child's behavior. More frequent individual conferences between teachers and helpers and occasional group conferences among helpers were recommended. (One-third of the 37 helpers mentioned the need for such conferences).
2. The need to provide more structure and direction for the helpers--on role expectancies, on activities to engage in, and materials to work with (requested by about $\frac{1}{4}$ of the helpers).
3. The need for more diagnostic data to better understand the child and to plan activities (requested by 4 helpers).
4. The need for scheduling a definite, continuing work-space for the helper's meetings with children (noted by 3 helpers).
5. The need for intervention in the child's total family situation, on the assumption that severe disruption of the home situation reduced the probability of success if the only intervention was the contact between the helper and the child (noted by 3 helpers).
6. The need to begin helper-child contacts earlier in the school year to provide sufficient time to develop more depth in the relationship (mentioned by 2 helpers).

Teachers and principals were also asked to offer recommendations for the improvement of the program. Their major conclusions were as follows:

1. The consensus was that teachers (but not principals) should play an instrumental role in deciding which children should be assigned to the program.
2. The majority of principals were willing to relinquish a decision-making role in selection of volunteers for the program, although both the principals and the teachers desired to serve in an advisory role on recruitment and selection.

3. Teachers recommended more frequent conferences, scheduled on a regular basis with helpers, to correlate activities with school work, to set instructional goals, to work out plans for special projects, to furnish materials, and to evaluate the child's progress. Principals also saw the need for closer communication with the helpers but tended to prefer such contacts on a casual rather than a scheduled basis.

CHAPTER IX

CONCLUSIONS AND RECOMMENDATIONS

This demonstration and research project grew out of a concern for the development of new school-centered services for children with behavior and learning problems. There is a pressing need for services which are more immediately available to the child, which are within the financial means of the average school district, and which do not rely exclusively on the employment of highly trained professionals or extensive programs of training.

With these objectives in mind, a project was initiated, formally designated the Community Helper Program, in which a group of untrained and unpaid volunteer housewives served in one-to-one helping relationship with children manifesting behavioral and learning problems in school. The program was predicated on the assumption that the quality of interpersonal relationship between parent (or parent surrogate) and child will have a significant impact on the child's adjustment in a learning environment. The experience of a warm, empathic and genuine relationship with an adult was thought to be a significant factor in increasing the child's sense of self-worth, which, in turn, would reduce negative behavior and increase academic achievement. Research in psychotherapy suggests that some adults are able to generate the trust and friendship of children, and that this ability is prior to technique and theory. Hence, a carefully selected group of adults should be able to establish the essential conditions of a helping relationship and bring about positive changes in the behavior of children, without training and with a minimum of professional supervision.

The goal of the project was not to effect a "cure" or total rehabilitation of the child, but to offer a success experience and a type of supportive relationship which would increase his social competency in the classroom.

General Design of the Project

In order to recruit volunteers for the program, school principals, teachers, and religious and civic leaders were asked to name parents (both male and female) of their acquaintance who met certain criteria: Individuals who showed personal warmth and liking for children (accepting and nurturant personalities), who had successfully reared children of their own, and who were in good health and in a position to come to school on a regular basis to meet with a child.

Of the 37 helpers who finally participated in the program, 25 were nominated by school principals. Decisions about acceptance of volunteers were made jointly by the Coordinator of the project and the school administrators. No male volunteers could be recruited, although a serious effort was made to do so through several community organizations. The Coordinator held an initial interview with each helper in which he attempted to make her feel welcome but not obligated to participate. As a result of this screening procedure, three prospective volunteers were rejected by principals (for various reasons), and two volunteers decided not to participate after the initial interviews.

The group of volunteers ranged in age from 25 to 60 with an average of 37. All but one had graduated from high school. The majority had attended college and five were college graduates. On the basis of ratings of husband's occupations, the volunteers would be classified as Upper Middle Class in socioeconomic status.

A sample of 74 children from grades 1-6 who manifested behavioral and learning problems were screened by school psychologists and randomly assigned to an Experimental (Demonstration) or to a Control (Comparison) group. Children who were mentally retarded and those with diagnosed physical or sensory handicaps were excluded. The mean age of children included in the demonstration group was 9.2. Control children were, on the average, one year older. In other respects the two groups were remarkably similar. Both would be classified as Low to Upper Middle Class on the basis of father's occupation, and measured intelligence was within the low to high average range. Experimental and control subjects were farily evenly distributed among 17 elementary schools in seven school districts of a county system.

Children in the Experimental group met for an average of 22 interviews (over a period of 18 weeks) with a Community Helper. Children in the Control group were assigned to other kinds of service when available. Thirteen received aid of some kind, either remedial tutoring (8) or counseling (5). The remaining 24 Control subjects received no special help during the course of the project.

After approximately 18 weeks with a Community Helper, an Experimental subject was compared with his counterpart in the Control group on the basis of four measures: (a) positive behavioral change, or reduction in behavioral problems, based on a teacher checklist; (b) change in personality in the direction of greater motivation toward achievement and affiliation with others (measured by a thematic projective technique); (c) increase in academic achievement (measured by achievement test scores in reading and arithmetic and grade point averages); and (d) increase in measured intelligence. Standardized scores from these separate measures were combined into an Outcome Index, which constituted the major criterion for success.

In addition to evaluating the comparative progress of Experimental and Control subjects, an analysis was made of the effect of certain variables on success or failure of children in the program. The variables studied included the age, sex, and socioeconomic status of the children and the degree of disturbance along three separate dimensions of behavior disorder (conduct disorder, personality problems, and inadequacy-immaturity). For the Community Helpers, the relationship between age, socioeconomic status, personality characteristics and outcome were investigated. In addition, interviews between helpers and children were audiotaped and an analysis made of the kinds of therapeutic conditions provided. A multiple correlational analysis examined the relative power of these variables in predicting the success of children within the program.

The reactions of the principals, teachers and helpers who participated in the program were also elicited. They were asked to evaluate the success of the program, to cite the major problems it created and to state their perceptions of the appropriate role for each in the operation of the program. Three case studies were also presented to illustrate the success or failure of specific children assigned to work with Community Helpers.

Evaluation of the Program

When pre-post gains of Experimental (Demonstration) and Control (Comparison) subjects were examined, differences between groups were not significant. Children in the demonstration group fared no better than those receiving other kinds of treatment, or for that matter, no treatment. No difference in comparative progress was noted on the basis of reduction in behavior problems, gains in scores on reading and arithmetic tests, grade point average, or in measured intelligence. The only significant difference identified favored the Control subjects, and this was in the direction of a greater increase in achievement and dominance needs, as inferred from picture projective tests.

The most logical conclusion is that the program, as structured, represents a "low power" technique for improving children's behavior. In its defense, it might be noted that the period of treatment was relatively short, extending, on the average, to about one-third of the academic year. Results could have been more promising if contacts between helper and child were provided over a substantially longer period of time. However, this is pure conjecture.

Dominance, affiliation and achievement strivings are valued components of personality in our culture. Following this assumption, increase in the intensity of these needs during the course of the project was measured through analysis of thematic productions and used as a criterion for constructive personality change. Finding that Control subjects, in comparison with Experimental, displayed a significantly greater increase in dominance and achievement needs was unexpected and difficult to rationalize. One could speculate about factors in the demonstration program which might have suppressed the verbalization of dominance and/or achievement needs in phantasy. For example, helpers were encouraged to reinforce expression of affiliative needs rather than achievement strivings.

However, Experimental subjects did not increase significantly in affiliative needs in comparison with Control subjects, so it would be difficult to argue for this hypothesis.

The exact meaning of need frequencies (as expressed in thematic productions) has not been established. In this study, it was assumed that thematic products are a direct reflection of need states. There is some research evidence to the contrary (Zubin, Eron and Schumer, 1965). Level of anxiety, guilt, nature of ego defenses, as well as "structural" aspects of test material probably influence thematic productions. Lazarus (1961) suggests that when overt behavior in the direction of need-gratification exists, there will be less evidence of the need in apperceptive products. The opposite could also be true--when needs are blocked from gratification in real life, subjects may use the "test" situation as an opportunity to express the needs in substitute fashion. Pittluck (1950) found that the amount of aggression in TAT stories was modified by the amount of anxiety engendered by overt expression of aggression. In other words, aggressive responses on the TAT should be considered in relation to the modifying mechanisms in the stories, such as rejection or denial of the aggression, excusing the aggression by placement in a socially acceptable context, etc. Expression of other needs such as achievement, power and affiliation may be similarly modified by defensive mechanisms if their expression in phantasy arouses anxiety. A futher analysis of the correspondence between dominant and affiliative behavior and covert expression of these need states (and defensive modifications of them as a result of anxiety) is now underway.* In view of the uncertain meaning of responses to thematic tests at the present time, direct time samples of children's behavior (achievement behavior, etc.) would serve as a better basis for evaluating the effects of a program of this kind.

Other evaluative data on the program were more encouraging. Participants generally applauded the program as effective. All principals, all but one of the teachers, and 31 of 37 helpers indicated the desire to continue working with the program. In support of the program participants stressed the importance of the personal attention received by the child, which they saw as increasing his self-esteem, improving interpersonal relationships and instilling a more positive attitude toward learning and the school. Testimonials such as this are obviously subject to considerable bias since perceptions can be distorted by strong emotional involvements and the need to justify time as well spent.

The program thus did not have a substantial overall therapeutic impact on the children in the demonstration group. In light of this finding, it is important now to review the factors conducive or detrimental to progress of children in the program, which in turn may lead to recommendations for its improvement.

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*The subject of a doctoral dissertation at The Ohio State University.

Selection of Children for the Program

One should not expect that this type of therapeutic intervention will be of equal benefit for all children. The children in the experimental group differed considerably in type and severity of behavioral disorder. An important goal of the study was to determine whether these differences as well as differences in age, sex and socioeconomic status influenced the response of children to the program. If specific characteristics were found to be related to outcome, one could be more discriminating in assigning children to the program.

Age and socioeconomic status were not significantly related to successful outcome for children within the program. The influence of sex differences could not be established reliably because of the small number of girls in comparison to boys (1 to 3).

On the basis of the overall measure of success (Outcome Index), children with high scores on the "Inadequacy-Immaturity" dimension of the Quay-Peterson Behavioral Checklist responded better to the program than children with low scores on this dimension. Also, on the basis of teacher's judgments, Experimental subjects who were the most immature and inadequate displayed the greatest overall reduction in behavioral problems during the course of the program, whereas Control subjects with high initial scores on this dimension manifested more behavioral problems at the completion of the program than at the start. Consequently, a major criterion for selection of children for the Community Helper program is a high incidence of behaviors classified as "Inadequate-Immature" (e.g., daydreaming, lethargy, sluggishness, suggestibility, short attention span, passivity, preoccupation, etc.).

On the other hand, the results confirmed that the social reinforcement provided by this sort of program failed to improve the adjustment of children with severe "Conduct Disorders". Thus, it would be advisable to screen from the program those who manifest a high frequency of behaviors classed as over-aggressive, defiant, irresponsible, disruptive, etc. Children who are serious management problems, or who act out their aggression are likely to respond better to other kinds of intervention.

The evidence was not conclusive in regard to children with severe "Personality Problems", the classification provided by the Quay-Peterson factor analytic studies for behaviors such as fearfulness, depression, anxiety, isolation, etc. Results suggested that children with severe symptoms of this kind tended to respond somewhat better to the Community Helper program than to other kinds of treatment or the complete lack of intervention, but the differences did not reach statistical significance.

A limited number of case studies suggested that the program was not suitable for children with more pathological conduct disorders and for children coming from severely disrupted home environments. When there is serious parent-child pathology, therapeutic intervention should probably include the whole family.

Recruitment and Selection of Community Helpers

Of greatest effect on successful outcome of the program was the capacity of the Community Helper to provide therapeutic conditions in her contact with the child. The major contributor to "reduction in behavior problems" and "gain in academic achievement" of children in the demonstration group was the "nonpossessive warmth" and "accurate empathy" the helpers provided in their interviews. Other characteristics of the Community Helpers considered in this study such as age, socioeconomic status and degree of "open-mindedness" (or dogmatism) were not found to be related to progress of children within the program.

Whatever success the program enjoyed appeared to be a function of the degree of "warmth and empathy" these helpers provided in their interaction with the children. Unfortunately, the total group of helpers, as selected, provided relatively low levels of these therapeutic conditions when compared to a group of trained therapists in another study. The selection procedure, which depended primarily upon the judgment of school principals, apparently was not a very efficient one for identifying Community Helpers with the capacity for establishing warm empathic relationships with children.*

From this study it was evident that untrained volunteers can have a therapeutic effect on children with whom they interact. The question is: How do we recruit helpers capable of providing high levels of therapeutic conditions? Obviously, we cannot rely exclusively upon the discretion of principals by instructing them to identify parents of their acquaintance who show personal warmth and liking for children and who have successfully reared children of their own (the procedure followed in the present study). Only one screening instrument was administered to all Community Helpers, the Rokeach Scale of Dogmatism, and it failed to discriminate between successful and unsuccessful helpers. It was impossible to obtain data from the Edwards Personal Preference Scale for all voulunteers (because of the refusal of several to complete the test), but a preliminary examination of their responses to this inventory did not suggest that it would be discriminating.

Volunteers submitted a verbal statement of their motives for joining the project at the beginning of the program, but this too did not appear to be an effective method for screening successful helpers. Twenty-nine (78%) of the helpers initially expressed altruistic motives for volunteering--the desire to help and comfort children without mention of personal gratifications. Nine helpers expressed a need to escape boredom and give their lives a more meaningful goal. Six chose to volunteer for the explicit reason that it provided the opportunity to play a teaching role and several said they hoped the experience would make them better parents. At the end of the program only 33% cited altruistic motives as the primary gratification received. Other more personal needs and expectations seemed to predominate and to have governed their behavior. An *ex post facto* analysis of the relationship between verbalized motives and therapeutic conditions provided by the helper did not produce significant results.

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*It should be recalled that 80% of the principals were more than willing to relinquish a decision-making role in the selection of volunteers. As one might anticipate, however, both principals and teachers wanted to be consulted prior to the selection of a volunteer to work in their particular building.

A most interesting finding was that the helpers received a great deal of personal gratification from participation in the program. Many reported that the experience was of as much benefit to them as it may have been to the child, illustrating perhaps Reissman's (1965) helper-therapy principle--of the therapeutic value deriving to oneself from the process of being genuinely helpful to another human being.

There are many role possibilities for volunteer aides in the schools, and the Community Helper program could be developed most efficiently as part of a more comprehensive utilization of auxiliary personnel. Within such a comprehensive program, it would be possible for the Coordinator and his staff to carefully observe how individual volunteers interact with children and on this basis, perhaps, identify individuals who extend themselves consistently to children in a warm, spontaneous, open and honest manner and assign them accordingly. Administration of a detailed battery of tests seems rather ungracious, even discourteous, as a procedure for deciding whether an individual should be allowed to volunteer. When an individual volunteers for service in the public schools, it is rather incumbent upon the schools to find a way for him to participate. Within a comprehensive program, it should be possible to find a service role for individuals with different sorts of talents.

The need is paramount for a more scientific approach to selection, and some promising efforts in this direction are described by Goodman (1969). In his project with companion therapists (a role similar to that of Community Helpers) a group interaction procedure (e.g., G. A. I. T.--Group Assessment of Interpersonal Traits) was instituted to assess the capacity of individuals for this type of helping role.

There is also some evidence that volunteers can be trained to provide high levels of therapeutic conditions within a relatively short period of time and without burdening the school staff with supervisory responsibilities. Carkhuff and Truax (1965a, 1965b) evaluated the effectiveness of an approach for training lay counselors. Based on the client-centered approach to counseling, tapes of the highly rated conditions of psychotherapy (accurate empathy, unconditional positive regard and genuineness) were used as concrete examples for trainees and their own therapy was appraised by means of these scales to provide concrete feedback. In addition, the supervisor, by providing such therapeutic conditions himself in his interaction with the trainees, helped to produce positive change in the trainee and served as a positive model. The total program of training, which included some quasi-group therapy experience, took about 100 hours. In one study, lay counselors and graduate clinical psychology students were trained in this fashion. Samples of their therapy tapes were then compared with those of outstanding therapists, and with one exception (therapist genuineness) there were no significant differences between the three groups of therapists. The graduate student and the lay counselors did not differ on any of the measures used.

One teacher-aide program which has reported some degree of overall success (Zax, et al., 1966) requires a focused time-limited training program. In this study, a group of six housewives were provided "didactic-discussion meetings on mental health relevant issues . . . along with . . . guided experience in clinical observations." Later, they functioned as mental health aides in the schools.

It should be recalled that elaborate selection and training procedures were consciously avoided in this demonstration program because of the incumbent expense and staff time involved. Volunteers were not subjected to extended observation or testing as part of their selection nor were they involved in training of any kind. It is evident that the objective may have been honorable but the procedure naive. It is necessary to approach selection of volunteers and children in a more discriminating, data-oriented fashion, and the possible need for a training program must be entertained. More sophisticated procedures need not necessarily involve exorbitant expense nor an over-commitment of staff time.

Improving Other Features of the Program

Recommendations have already been discussed for the improvement of two aspects of the Community Helper Program, the selection of children and the recruitment and selection of volunteers. In their evaluations at the end of the program, participants offered other criticisms and suggestions for improvement. A review of their responses suggests the need for close attention to certain procedural details which will be discussed in the sections that follow.

Consultation and Communication with Helpers and Teachers

Preliminary conferences were held by the Coordinator with all participants in the program to clarify objectives and to dispel any expectations that the primary responsibility of the helper was tutorial or instructional. However, teacher responses at the end of the program to the questionnaire revealed misunderstanding as to role expectations for the volunteer. In some cases teachers exerted considerable pressure on the volunteers to have the child complete assigned homework, to drill more diligently on reading or spelling skills or to pursue other academic goals without particular attention to interpersonal considerations. In some cases, helpers courteously modified their role to suit the teacher's expectations and perhaps felt more comfortable with defined parameters for their interviews with the child. In other cases, teacher expectations simply aroused confusion and uneasiness on the part of helpers. The Coordinator observed that after approximately ten sessions helpers commonly expressed the feeling: "We are getting along fine but the child's behavior in class has not changed. The teacher reports he still fails to complete his work. What else should I be doing?" At this critical point, the helper often became anxious when school personnel urged her to set more exacting performance standards and, in turn, the helper would begin to place greater demands on the child, to give advice, to probe into the child's background, to drill, and, in general, to express a great deal of concern over the child's progress. In cases which came to his attention, the Coordinator would call a conference with both the helper and the teacher present and remind them that the essence of the treatment program was the relationship and not an excessive emphasis on academic achievement.

Joint conference between the Coordinator, helper and teacher were also held at least every three months and at the point where termination was being considered. Survey responses at the end of the program, however, earmarked "poor communication between teacher and helper" as a major deficit of the program as it was structured. One-third of the helpers specifically stressed the need for closer and more frequent communication with the teacher, to share ideas, to better understand the child's behavior, and to avoid conflict over instructional goals. Seventy percent of the teachers also emphasized the need for regularly scheduled conferences with the helpers to coordinate their efforts, to work out plans for special projects, to share materials, to set goals and to evaluate the child's progress. Again, the reasons given by a large number of teachers for such personal conferences emphasized the tutorial contribution of the helpers. It was clear that teacher-helper conferences (sometimes moderated by the Coordinator) are vital to a smoothly operating program and should be scheduled on a regular basis to provide for a free exchange of ideas and to increase understanding of program goals.

It was also apparent that a more systematic procedure for consultations with helpers was needed. Coordinator-helper contacts occurred "on demand" or in response to minor crises. Conferences were held at about one-month intervals for most of the helpers. However, consultation interviews were approached casually, systematic records were not maintained on number of interviews held, the kinds of problems discussed, the recommendations made nor an analysis of other process variables. Consequently, little can be said as a guide for others concerned with this aspect of program operations. As noted in Chapter VIII, meetings were held with two groups of volunteers to discuss mutual problems, but again there was no systematic analysis of these conferences.

It was evident that one of the most discouraging aspects of the experience for helpers was the failure to see tangible evidence of progress on the part of the child. They were disappointed when the child was unable to maintain initial gains or actually regressed at times in his behavior. One of the most important consultative functions is to help volunteers appreciate that progress of children may not be dramatic and to provide some support for continuing efforts during these periods of homeostasis or retrogression.

Other Considerations

Scheduling and Space Problems. Some problems were encountered during operation of the program in finding suitable space in the school building for helper-child interviews and scheduling the interviews at an appropriate time. Principals sometimes found it difficult to locate a room free from interruption. When stages and teacher's lounges were used on a temporary basis, the former were too noisy and the latter aroused the indignation of teachers because their privacy had been invaded. A definite work-space needs to be designated by the principal prior to the assignment of a volunteer, and the room must be consistently available during the time scheduled for helper-child interviews. As one helper expressed it, "We need a special place in which to work, a place which the child can think of as our special place." Consistency of location, was well as consistency of attendance on the part of helpers, seemed crucial for maintaining a good relationship.

A few teachers expressed concern because the helper-child interviews were scheduled at a time which interfered with important instructional activities in the classroom. Teachers should always be consulted before determining the hour for the helper-child interviews.

Recognition of Helpers. Helpers who participated in the demonstration program were offered no financial inducements. Remuneration never was introduced as a factor in their decision whether to participate. Only one person indicated she would not be able to continue in the program the subsequent year because of financial considerations. Generally, the helpers were of upper middle class status and financial security was not at issue. Their responses to the questionnaire suggested that involvement in a helping relationship constituted a strong reward. A good deal of social reinforcement was also provided by the Program Coordinator in his contacts with them. The only formal recognition for their services was a "thank you" note at the end of the program.

Several helper recommended the scheduling of group meetings of helpers and there seemed to be a large element of social recognition involved in this recommendation. Two such meetings were held during the project year for nine helpers and it was evident that such meetings increased morale and a feeling of "esprit de corps." Regular meetings could serve as a vehicle for social recognition of volunteers in this kind of program but a number of important issues should be considered in planning: the size of the group and a procedure for balancing participants, a definite plan in regard to type of leadership provided and the goals to be attained.

Problems of Confidentiality and Legal Liability. One of the most perplexing issues faced in the operation of this type of program is that of confidentiality. Essentially the volunteer must cope with the same dilemma encountered by the mental health professional in the schools. Ethical procedure is to assure the child that whatever he says will be held fully confidential, but the worker is then beset by teachers who want to know what the child said or what she found out about him.

In an orientation session at the beginning of the program, the need to keep interview content confidential was discussed in the presence of both the teacher and the helper. It was justified on ethical grounds and as a means of maintaining the child's trust in the helper. However, on several occasions helpers found it impossible to maintain silence about information introduced by the child in the face of pressure from the teacher. She was sometimes faced with problems in regard to safeguarding confidentiality which the professional finds difficult to resolve.

One group of consultants to the schools (Rae-Grant and Stringer, 1969) take the position that the mental health worker's central concern must be the school itself, the whole school, and not just the disturbed children in it. On this promise, they stopped promising confidentiality to the clients they interviewed and explicitly identified themselves with the needs of the school. It was reported that this did not detract from their effectiveness in interviewing, while it markedly improved their relationship with school personnel. Some empirical data to test this assumption is certainly needed as a guide for all pupil personnel and mental health workers in the schools. In turn, it would provide a basis for deciding whether volunteer aides, under the supervision of certified psychologist, should be permitted to cease promising confidentiality to children and to report information freely to concerned personnel on the school staff.

The question of the legal liability of the volunteer aide is also unresolved. In the absence of a clear-cut definition of the legal status of volunteer aides at the state level (either through statute or legal precedence), it is certainly advisable to obtain a signed release from the child's parent before admitting a child to such a program and to ensure that the aide is directly responsible to certified school personnel.

Conclusion

In conclusion, we should be reminded that this type of volunteer aide program is one of an infinite number of possibilities for such programs in the schools. It could, and probably should, be part of a more comprehensive plan for employing subprofessional personnel in a variety of roles--for clerical, housekeeping and library duties, as referral technicians, as assistant teachers, as agents for the management of contingency reinforcement and the shaping of behavior. Within such a comprehensive program it should be possible to screen individuals more efficiently for serving in a helping relationship with children.

It should be obvious that the Community Helper program (however modified) is not a panacea for all types of problems in school adjustment and that continued efforts are needed to clearly establish the conditions that influence its success or failure. Further experimentation is needed with various methods for the selection of volunteers. Attempts should be made to study characteristics of children and volunteer aides so that an optimal therapeutic pairing is achieved. The basic question is . . . what kinds of helpers work best with what kinds of children under what kind of a therapeutic model (client-centered approach, behavioral modification, etc.)? In addition, we should continue to explore effective and economical methods of training volunteers in the helping role.

APPENDICES

APPENDIX A: Administrative Forms for Community Helpers

APPENDIX B: Items from the Quay-Peterson Problem Behavior Checklist Grouped According to Factor Loadings

APPENDIX C: Items from the Interpersonal Adjective Checklist

APPENDIX D: Instructions for Administering Picture Projective Test

APPENDIX E: Rokeach Dogmatism Scale, Form E

APPENDIX F: Truax Scale for the Measurement of Therapeutic Conditions-- A Scale for the Measurement of Unconditional Positive Regard

Truax Scale for the Measurement of Therapeutic Conditions-- A Scale for the Measurement of Accurate Empathy

APPENDIX G: Follow-Up Questionnaires for Principals and Teachers

APPENDIX A
ADMINISTRATIVE FORMS FOR COMMUNITY HELPERS

I. Personal Data Sheet

Name, Birthdate
Address, Phone
Employment (current and previous)
Occupation of Spouse
Education (highest level completed)
Marital Status
Children (name, age, sex)
Health
Hobbies
Organizations and Clubs
Reasons for Volunteering

II. Daily Log

Interview Number___, Child's Name_________________ Date_________

The purpose of this report is to obtain an anedotal account of what transpires in your sessions with a child assigned to the Community Helper Program. We would like to have you jot down your reactions to each meeting in an informal manner.

Among the possible topics you might talk about are:

1. The activities and materials you used in the session.
2. Significant changes you have noticed in the child's attitude toward you, toward himself or toward school.
3. Interesting comments or behavior which the child displayed during the session.

III. Summary Report

1. Did you consider your efforts to help the child relatively successful? Why?
2. Did you consider your efforts relatively unsuccessful? Why?
3. What was most gratifying to you personally in this experience as a Community Helper?
4. What was most discouraging to you about this experience?
5. What suggestions do you have for the coordinator in setting up and administrating future programs?
6. Would you be willing to work with another child in the future? If so, why? If not, why?

APPENDIX B

ITEMS FROM THE QUAY-PETERSON BEHAVIOR CHECKLIST GROUPED ACCORDING TO FACTOR LOADINGS

Item		Average Factor Loading	No. Separate Factor Analysis
Factor I:	Conduct Problem (Unsocialized Aggression, Psychopathy) (N=17)		
2	Restlessness, inability to sit still	.60	10
3	Attention-seeking, "show-off" behavior	.62	10
8	Disruptiveness; tendency to annoy and bother others	.70	9
11	Boisterousness, rowdiness	.66	10
16	Dislike for school	.35	10
17	Jealousy over attention paid to other children	.40	8
25	Fighting	.63	7
27	Temper tantrums	.51	8
33	Irresponsibility, undependability	.57	9
48	Disobedience, difficulty in disciplinary control	.70	10
40	Uncooperativeness in group situations	.62	9
44	Hyperactivity; "always on the go"	.51	10
46	Destructiveness in regard to his own and/or others' property	.57	7
47	Negativism, tendency to do the opposite of what is requested	.59	7
48	Impertinence, sauciness	.57	10
51	Profane language, swearing, cursing	.48	7
53	Irritability; hot-tempered, easily aroused to anger	.59	8

APPENDIX B (continued)

Item		Average Factor Loading	No. Separate Factor Analysis
Factor II:	Personality Problem (Neurotic-disturbed) (N=14)		
5	Doesn't know how to have fun, behaves like a little adult	.41	10
6	Self-consciousness; easily embarrassed	.55	10
9	Feelings of inferiority	.60	10
12	Crying over minor annoyances and hurts	.33	7
14	Shyness, bashfulness	.51	10
15	Social withdrawal, preference for solitary activities	.50	10
21	Lack of self-confidence	.60	10
23	Easily flustered and confused	.53	9
28	Reticence, secretiveness	.38	8
30	Hypersensitivity; feelings easily hurt	.50	8
32	Anxiety, chronic general fearfulness	.53	8
37	Tension, inability to relax	.34	6
39	Depression, chronic sadness	.48	8
41	Aloofness, social reserve	.33	10
Factor III:	Inadequacy-Immaturity (N=8)		
13	Preoccupation; "in a world of his own"	.48	5
20	Short attention span	.40	5
31	Laziness in school and in performance of other tasks	.41	5
34	Excessive daydreaming	.46	5
35	Masturbation	.31	4
42	Passivity, suggestibility; easily led by others	.34	5
49	Sluggishness, lethargy	.36	10
50	Drowsiness	.32	4

APPENDIX B (continued)

Item		Average Factor Loading	No. Separate Factor Analysis
Factor IV:	Socialized Delinquency (Subcultural Delinquency) (N=6)		
4	Stays out late at night	.50	2
10	Steals in company with others	.49	2
18	Belongs to a gang	.68	2
26	Loyal to delinquent friends	.48	2
29	Truancy from school	.23	1
36	Has bad companions	.61	2

(Note: The above items were obtained from the analysis of case history materials, not from the direct ratings of behavior. However, when such behavior is observable first hand it can be directly rated.)

Private Communication from: Herbert C. Quay, Children's Research Center, University of Illinois, Urbana, Illinois, May, 1966.

APPENDIX C

ITEMS FROM THE INTERPERSONAL ADJECTIVE CHECKLIST (ICL)
(adapted from Leary*)

Please indicate which of the following constitute problems, as far this child is concerned. If an item does not constitute a problem, encircle the zero; if an item constitutes a mild problem, encircle the one; if an item constitutes a severe problem, encircle the two.

Please complete every item.

1. Passively resistant
2. Often unfriendly
3. Bitter
4. Shrewd and calculating
5. Thinks only of himself
6. Cruel and unkind
* 7. Hardly ever engages in social conversation
8. Naive
9. Frequently angry
10. Cold and unfeeling
11. Egotistical and conceited
*12. Lives in a make-believe world
13. Obeys too willingly
14. Will confide in anyone
15. Proud and self-satisfied
16. Somewhat snobbish
17. Managing, power-oriented
18. Overprotective of others
19. Distrusts everyone
20. Spineless
21. Agrees with everyone
22. Overly docile
23. Overly dependent
24 Jealous
*25. Seclusive
26. Dependent
27. Oversympathetic
28. Forgive anything
*29. Quiet and reserved in the presence of others
30. Bossy
31. Dominating
32. Resentful
33. Loves everyone
34. Egotistical
35. Sarcastic
36. Outspoken
37. Clinging vine
39. Likes to be taken care of
40. Self-seeking
41. Self-punishing
42. Friendly all the time
43. Easily fooled
44. Generous to a fault
45. Dictatorial
46. Manages others
47. Wants everyone's love
*48. Enjoys solitary activity
49. Tries to comfort everyone
50. Slow to forgive a wrong
51. Too willing to give to others
52. Cruel, punitive
53. Likes everybody
54. Exploitive
55. Selfish
56. Timid
57. Impatient with others' mistakes
58. Too lenient with others
59. Hardly ever talks back
*60. Frequently day-dreams
61. Meek
62. Effusively sweet
63. Complaining
64. Shy
65. Wants to be led
66. Too easily influenced by others

APPENDIX C (continued)

67. Expects everyone to admire him
68. Always ashamed of self
69. Compulsively seeking prestige
70. Will believe everyone
71. Boastful
72. Ignores others
73. Hostile
74. Socially withdrawn
*75. Socially isolated
76. Tries to be too successful
77. Overly submissive
78. Suspicious
79. Hard-hearted
80. Stubborn
81. Passive and unaggressive
82. Acts important
83. Lets others make decisions
84. Retiring
85. Always giving advice
86. Self-condemning
87. Rebels against everything
88. Fond of everyone

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*Only 80 of the high intensity (maladjustive) items were included from the original ICL. The new items (starred) are intended to measure withdrawal or avoidance of interaction with others.

APPENDIX D

INSTRUCTIONS FOR ADMINISTERING PICTURE PROJECTIVE TEST

Test Directions for TAT and MPT

For the first picture say: "I am going to show you some interesting pictures. I'd like for you to make up a story about each picture. Any kind of a story will be all right. Just tell me what happened in the picture before, what is happening now, and then how it is going to turn out, just as if you were making up a whole story. You can make up any story you please. You can tell me how the people in the story feel and what they are doing. Do you understand? Well, here is the first picture. See how well you can do."

The blank card is given last in the series. Say: "Here is a blank card. Let's see how good your imagination is. This time make up any kind of story you like about this blank card."

If the subject does not succeed in doing this, the examiner says, "Close your eyes and picture something." After the subject has given a full description of his imagery, the examiner says, "Now tell me a story about it."

Reminders:

"Just tell me what you see in the picture." This may be followed with ...and what is happening in the picture?" Be sure to ask this latter question if the child merely describes the pictures. Gentle urging is advisable through the first three or four pictures.

After the first pictures it may be possible to shorten the directions to: "Here is another picture. Make up a story about this one."

Reminders to obtain a story with a plot:

If child merely describes what is happening now...

> "Tell what led up to the scene in the picture, describe what is happening now (what the people are thinking or feeling), then give the outcome of the story. How does it turn out?

If child omits past events or future outcomes:

> What went on in the story before? What will happen later?

You did a good job of describing the picture; now let's see if you can make up a story about the picture. Remember, what happened in the picture before, what is happening now, and how is it going to turn out.

APPENDIX E

ROKEACH DOGMATISM SCALE (FORM E)

The following is a survey of the opinions of people in general about a number of social and personal questions. Of course there are many different answers. The best answer to each statement below is your personal opinion. We have tried to cover many different and opposing points of view; you may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others; whether you agree or disagree with any statement, you may be sure that many other people feel the same as you do.

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3, or -1, -2, or -3 depending on how you feel in each case.

+1: I agree a little
+2: I agree on the whole
+3: I agree very much

-1: I disagree a little
-2: I disagree on the whole
-3: I disagree very much

_____ 1. A person who thinks primarily of his own happiness is beneath contempt.

_____ 2. The main thing in life is for a person to want to do something important.

_____ 3. I wish people would be more definite about things.

_____ 4. In a discussion I often find it necessary to repeat myself several times to make sure I am being understood.

_____ 5. Most people just don't know what's good for them.

_____ 6. A person who has bad manners, habits, and breeding can hardly expect to get along with decent people.

_____ 7. In times like these, a person must be pretty selfish if he considers his own happiness primarily.

_____ 8. A man who does not believe in some great cause has not really lived.

_____ 9. I work under a great deal of tension at times.

_____10. I'd like it if I should find someone who would tell me how to solve my personal problems.

_____11. Of all the different philosophies which have existed in this world there is probably only one which is correct.

APPENDIX E (continued)

_____ 12. Whether it's all right to manipulate people or not, it is certainly all right when it's for their own good.

_____ 13. It is when a person devotes himself to an ideal or cause that his life becomes meaningful.

_____ 14. In this complicated world of ours the only way we can know what is going on is to rely upon leaders or experts who can be trusted.

_____ 15. If people would talk less and work more, everybody would be better off.

_____ 16. There are a number of persons I have come to hate because of the things they stand for.

_____ 17. There is so much to be done and so little time to do it in.

_____ 18. It is when a person devotes himself to an ideal or cause that he becomes important.

_____ 19. It is better to be a dead hero than a live coward.

_____ 20. A group which tolerates too much difference of opinion among its own members cannot exist for long.

_____ 21. The businessman and the manufacturer are much more important to society than the artist and the professor.

_____ 22. It is only natural that a person should have a much better acquaintance with ideas he believes in than with ideas he opposes.

_____ 23. While I don't like to admit this even to myself, I sometimes have the ambition to become a great man, like Einstein, or Beethoven, or Shakespeare.

_____ 24. Plain common sense tells you that prejudice can be removed by education, not legislation.

_____ 25. Even though freedom of speech for all groups is worthwhile goal, it is unfortunately necessary at times to restrict the freedom of certain political groups.

APPENDIX E (continued)

_____ 26. If a man is to accomplish his mission in life it is sometimes necessary to gamble "all or nothing at all."

_____ 27. A person must be pretty stupid if he still believes in differences between races.

_____ 28. Most people just don't give a "damn" about others.

_____ 29. A person who gets enthusiastic about a number of causes is likely to be a pretty "wishy-washy" sort of person.

_____ 30. Do unto others as they do unto you.

_____ 31. To compromise with our political opponents is dangerous because it usually leads to the betrayal of our own side.

_____ 32. If given the chance I would do something that would be of great benefit to the world.

_____ 33. The trouble with many people is that they don't take things seriously enough.

_____ 34. In times like these it is often necessary to be more on guard against ideas put out by certain people or groups in one's own camp than by those in the opposing camp.

_____ 35. In a heated discussion I generally become so absorbed in what I am going to say that I forget to listen to what the others are saying.

_____ 36. It bothers me when something unexpected interrupts my daily routine.

_____ 37. Once I get wound-up in a heated discussion I just can't stop.

_____ 38. There are two kinds of people in this world; those who are on the side of truth and those who are against it.

_____ 39. What the youth needs is strict discipline, rugged determination, and the will to work and fight for family and country.

_____ 40. Man on his own is a helpless and miserable creature.

_____ 41. The United States and Russia have just about nothing in common.

APPENDIX E (continued)

_____ 42. I set a high standard for myself and I feel others should do the same.

_____ 43. In the history of mankind there have probably been just a handful of really great thinkers.

_____ 44. The highest form of government is a democracy and the highest form of democracy is a government run by those are most intelligent.

_____ 45. Appreciation of others is a healthy attitude, since it is the only way to have them appreciate you.

_____ 46. The present is all too often full of unhappiness. It is the future that counts.

_____ 47. Unfortunately, a good many people with whom I have discussed important social and moral problems don't really understand what is going on.

_____ 48. People who seem unsure and uncertain about things make me feel uncomfortable.

_____ 49. Fundamentally, the world we live in is a pretty lonely place.

_____ 50. It is often desirable to reserve judgment about what's going on until one has had a chance to hear the opinions of those one respects.

_____ 51. In general, full economic security is bad; most men wouldn't work if they didn't need the money for eating and living.

_____ 52. The worst crime a person can commit is to attack publicly the people who believe in the same thing he does.

_____ 53. In the long run the best way to live is to pick friends and associated whose tastes and beliefs are the same as one's own.

_____ 54. The American rearmament program is clear and positive proof that we are willing to sacrifice to preserve our freedom.

_____ 55. Most of the ideas which get published nowadays aren't worth the paper they are printed on.

_____ 56. It is only natural for a person to be rather fearful of the future.

APPENDIX E (continued)

_____ 57. Most of the arguments or quarrels I get into are over matters of principal.

_____ 58. My blood boils whenever a person stubbornly refuses to admit he's wrong.

_____ 59. When it comes to differences of opinion in religion we must be careful not to compromise with those who believe differently from the way we do.

_____ 60. America may not be perfect, but the American way has brought us about as close as human beings can get to a perfect society.

APPENDIX F

1. A SCALE FOR THE MEASUREMENT OF UNCONDITIONAL POSITIVE REGARD

Charles B. Truax

STAGE 1

The therapist is actively offering advice or giving clear negative regard. He may be telling the patient what would be "best" for him, or may be in other ways actively either approving or disapproving of his behavior. The therapist acts in such a way as to make himself the locus of evaluation. The therapist sees himself as responsible for the patient.

STAGE 2

The therapist responds mechanically to the client and thus indicates little positive regard and hence little unconditional positive regard. The therapist may ignore the patient or his feelings or display a lack of concern or interest for the patient. Therapist ignores client where an unconditional positive regard response would be expected--complete passivity that communicated almost unconditional lack of regard.

STAGE 3

The therapist indicates a positive caring for the patient or client but it is a semi-possessive caring in the sense that he communicates to the client that what the client does or does not do, matters to him. That is, he communicates such things as "it is not all right if you act immorally," "I want you to get along at work," or "it's important to me that you get along with the ward staff." The therapist sees himself as responsible for the client.

STAGE 4

The therapist clearly communicates a very deep interest and concern for the welfare of the patient. The therapist communicates a nonevaluative and unconditional positive regard to the client in almost all areas of his functioning. Thus, although there remains some conditionality in the more personally and private areas the patient is given freedom to be himself and to be liked as himself. Thus, evaluating thoughts and behaviors are for the most part absent. In deeply personal areas, however, the therapist may be conditional so that he communicates to the client that the client may act in any way he wishes except that it is important to the therapist that he be more mature or that he not regress in therapy or that the therapist himself is accepted and liked. In all other areas, however, Unconditional Positive Regard is communicated. The therapist sees himself as responsible to the client.

STAGE 5

At Stage 5, the therapist communicates Unconditional Positive Regard without restriction. There is a deep respect for the patient's worth as a person and his rights as a free individual. At this level the patient is free to be himself even if this means that he is regressing, being defensive, or even disliking or rejecting the therapist himself. At this stage, the therapist cares deeply for the patient as a person but it does not matter to him in which way the patient may himself choose to behave. There is a caring for and a prizing of the patient for his human potentials. This genuine and deep caring is uncontaminated by evaluations of his behavior or his thoughts. There is a willingness to equally share the patient's joys and aspirations or his depressions and failures. The only channeling by the therapist may be the demand that the patient communicate personally relevant material.

2. A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY

STAGE 1

Therapist seems completely unaware of even the most conspicious of the client's feelings. His responses are not appropriate to the mood and content of the client's statements and there is no determinable quality of empathy, hence, no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice but he is not communicating an awareness of the client's current feelings.

STAGE 2

Therapist shows a degree of accuracy which is almost negligible in his responses, and then only toward the client's most obvious feelings. Any emotions which are not so clearly defined, he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand feelings.

STAGE 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings which he seems to sense must be present, though he does not understand their nature. The therapist seems to assume the presence of deep feelings, although he does not sense their meaning to this particular patient.

STAGE 4

Therapist usually responds accurately to the clinet's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may anticipate feelings. Sensitivity and awareness of the therapist are present but he is not entirely "with" the patient in the current situation or experience. (The desire and effort to understand are both present but accuracy is low.) It is distinguishable from Stage 2 in that the therapist does occasionally recognize feelings that are less apparent. Also the therapist may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but the therapist is definitely not "with" the patient--they are not together. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the current feeling stage of the patient.

STAGE 5

Therapist accurately responds to all of the client's more readily discernible feelings. He shows awareness of many feelings and experiences which are not so evident, too, but in these he tends to be somewhat inaccurate in his understanding. The therapist may recognize more feelings that are not so evident. When he does not understand completely this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. Stage 5 is the midpoint of the continuum of accurate empathy.

STAGE 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Sometimes, however, he tends to misjudge the intensity of these veiled feelings, with the result that his responses are not always accurately suited to the exact mood of the client. In content, however, his understanding or recognition includes those not readily apparent. The therapist deals with feelings that are current with the patient. He deals with feelings that are current with the patient. He deals directly with what the patient is currently experiencing although he may misjudge the intensity of less apparent feelings. Often the therapist, while sensing the feelings, is unable to communicate meaning to these feelings. The therapist statements contain an almost static quality in contrast to Stage 7 in the sense that the therapist handles those feelings that the patient offers but does not bring new elements to life. He is with the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

STAGE 7

Therapist responds accurately to most of the client's present feelings. He shows awareness of the precise intensity of most underlying emotions. However, his responses move only slightly beyond the area of the client's own awareness, so that feelings may be present which are not recognized by the client or therapist. The therapist may communicate simply that the patient and he are moving towards more emotionally significant material. Stage 7 is dintinguishable from Stage 6 in that often the therapist response is a kind of pointing of the finger toward emotionally significant material with great precision in the direction of pointing.

STAGE 8

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply-shrouded of the client's feeling areas, voicing meanings in the client's experience of which the client is scarcely aware. Since he must necessarily utilize a method of trial and error in the new uncharted areas, there are resulting minor flaws in the accuracy of his understanding, but inaccuracies are held tentatively. He moves into feelings and experiences that are only hinted at by the client and does so with sensitivity and accuracy. The therapist offers specific explanations or additions to the patient's understanding so that not only are underlying emotions pointed to, but they are specifically talked about. The content that comes to life may be new but is not alien. While the therapist in Stage 8 makes mistakes, mistakes do not have a jarring note, but are covered by the tentative character of the response. Also the therapist is sensitive to his mistakes and quickly alters or changes his response in midstream, indicating that he more clearly knows what is being talked about and what is being sought after in the patient's own explorations. The therapist reflects a togetherness with the patient in tentative trial an error exploration. His voice tone reflects the seriousness and depth of ths empathic grasp.

STAGE 9

Therapist unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feeling or experience with unerring sensitive accuracy. Both a precision in understanding and a precision in the communication of this understanding are present. Both are expressed and experienced by the therapist without hesitancy.

APPENDIX G

FOLLOW-UP QUESTIONNAIRE FOR PRINCIPALS

1. Would you be willing to have this program repeated with other children? If so, why? If not, why?

2. Did it create any major administrative problems? Explain.

3. What do you think the role of the principal should be in:

   a. Selection of the child for the program?
   b. Selection of the helper?
   c. Supervision and consultation with the helper?
   d. Evaluating the progress of children assigned to the program?

FOLLOW-UP QUESTIONNAIRE FOR TEACHERS

1. Would you be willing to have this program repeated with other children? If so, why? If not, why?

2. Did it create any special problems? Explain.

3. What do you think the role of the teacher should be in:

   a. Selection of the child for the program?
   b. Selection of the helper?
   c. Supervision and consultation with the helper?
   d. Evaluating the progress of children assigned to the program?

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